

System Name City of Lafayette

PWS OR #1 - 12/1/2018

Month/Year March 2023 Entry Point - A



Required Minimum Residual: 0.9

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Note
1	12 AM	W10, W8, PS, LS, BBS	1.03	
2	12 AM	W10, W8, PS, LS, BBS	1.00	
3	11 AM	W10, W8, PS, LS, BBS	.95	
4	1 AM	W10, W8, PS, LS, BBS	.95	
5	12 AM	W10, W8, PS, LS, BBS	.90	
6	2 AM	W10, W8, PS, LS, BBS	.95	
7	12 AM	W10, W8, PS, LS, BBS	1.00	
8	1 AM	W10, W8, PS, LS, BBS	.90	
9	1 AM	W10, W8, PS, LS, BBS	.90	
10	12 AM	W10, W8, PS, LS, BBS	.90	
11	2 AM	W10, W8, PS, LS, BBS	.85	
12	2 AM	W10, W8, PS, LS, BBS	.85	
13	1 AM	W10, W8, PS, LS, BBS	.80	
14	2 AM	W10, W8, PS, LS, BBS	.85	
15	12 AM	W10, W8, PS, LS, BBS	.90	
16	2 AM	W10, W8, PS, LS, BBS	.80	
17	11 AM	W10, W8, PS, LS, BBS	.75	
18	12 AM	W10, W8, PS, LS, BBS	.80	
19	11 PM	W10, W8, PS, LS, BBS	.85	
20	1 AM	W10, W8, PS, LS, BBS	.90	
21	1 AM	W10, W8, PS, LS, BBS	1.00	
22	12 AM	W10, W8, PS, LS, BBS	.90	
23	12 AM	W10, W8, PS, LS, BBS	.90	
24	11 PM	W10, W8, PS, LS, BBS	.90	
25	12 AM	W10, W8, PS, LS, BBS	.95	
26	2 AM	W10, W8, PS, LS, BBS	.85	
27	1 AM	W10, W8, PS, LS, BBS	.90	
28	12 AM	W10, W8, PS, LS, BBS	.90	
29	12 AM	W10, W8, PS, LS, BBS	1.00	
30	12 AM	W10, W8, PS, LS, BBS	.90	
31	1 AM	W10, W8, PS, LS, BBS	.90	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____</p> <p>Date (days) returned to service: _____</p>
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Printed Name: Greg Robinson Title: PW Supervisor Operator Certificate # 12/1/2018  
 Signature: [Signature] Phone #: (503) 437-0442  
 Date: 04/05/2023