

System Name City of Lafayette

PWS ID# 41-00452

Month/Year: Dec 2023 Entry Point: - A

Required Minimum Residual 0.2 mg/L

| Date | Time  | Source(s) in use     | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-------|----------------------|--|-------|
| 1    | 1 AM  | W10, W8, PS, LS, BBS | .60  |       |
| 2    | 1 AM  | "                    | .60  |       |
| 3    | 12 AM | "                    | .80  |       |
| 4    | 1 AM  | "                    | .80  |       |
| 5    | 12 AM | "                    | .75  |       |
| 6    | 12 AM | "                    | .70  |       |
| 7    | 2 AM  | "                    | .70  |       |
| 8    | 1 AM  | "                    | .80  |       |
| 9    | 12 AM | "                    | .75  |       |
| 10   | 12 AM | "                    | .75  |       |
| 11   | 12 AM | "                    | .70  |       |
| 12   | 12 AM | "                    | .65  |       |
| 13   | 12 AM | "                    | .65  |       |
| 14   | 1 AM  | "                    | .60  |       |
| 15   | 2 AM  | "                    | .65  |       |
| 16   | 12 AM | "                    | .70  |       |
| 17   | 12 AM | "                    | .70  |       |
| 18   | 1 AM  | "                    | .75  |       |
| 19   | 12 AM | "                    | .65  |       |
| 20   | 12 AM | "                    | .70  |       |
| 21   | 1 AM  | "                    | .80  |       |
| 22   | 2 AM  | "                    | .75  |       |
| 23   | 12 AM | "                    | .70  |       |
| 24   | 12 AM | "                    | .70  |       |
| 25   | 1 AM  | "                    | .75  |       |
| 26   | 1 AM  | "                    | .70  |       |
| 27   | 12 AM | "                    | .65  |       |
| 28   | 1 AM  | "                    | .65  |       |
| 29   | 2 AM  | "                    | .70  |       |
| 30   | 1 AM  | "                    | .70  |       |
| 31   | 1 AM  | "                    | .70  |       |

Was the chlorine residual ever less than the required minimum residual of .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 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 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 it was returned to service: / /</p> |
|--|---|---|

|   |   |   |
|---|---|---|
| Printed Name: <u>Gregg Robinson</u><br>Signature: <u>[Signature]</u><br>Date: <u>01/02/2024</u> | Title: <u>PW Supervisor</u><br>Phone #: <u>(503) 437-0401</u> | Operator Certification #: <u>09140</u><br>OR<br>Small Groundwater System <input type="checkbox"/> |
|---|---|---|