

System Name City of Lafayette

PWS ID# 41-00452

Month/Year May 2024 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	6:32pm	W10, W8, PS, LS, BBS	.80	
2	3:35pm	W10, W8, PS, LS, BBS	.84	
3	10:47am	W10, W8, PS, LS, BBS	.88	
4	12:00am	W10, W8, PS, LS, BBS	.90	
5	7:42pm	W10, W8, PS, LS, BBS	.90	
6	8:32pm	W10, W8, PS, LS, BBS	.91	
7	11:02pm	W10, W8, PS, LS, BBS	.87	
8	2:38pm	W10, W8, PS, LS, BBS	.86	
9	11:06pm	W10, W8, PS, LS, BBS	.92	
10	10:52pm	W10, W8, PS, LS, BBS	.90	
11	9:08am	W10, W8, PS, LS, BBS	1.01	
12	1:06am	W10, W8, PS, LS, BBS	1.02	
13	11:02am	W10, W8, PS, LS, BBS	.98	
14	10:51am	W10, W8, PS, LS, BBS	.99	
15	10:43pm	W10, W8, PS, LS, BBS	.97	
16	6:21pm	W10, W8, PS, LS, BBS	.94	
17	7:28pm	W10, W8, PS, LS, BBS	.88	
18	8:00pm	W10, W8, PS, LS, BBS	.86	
19	10:32am	W10, W8, PS, LS, BBS	.89	
20	2:03am	W10, W8, PS, LS, BBS	.92	
21	4:21pm	W10, W8, PS, LS, BBS	.91	
22	6:29pm	W10, W8, PS, LS, BBS	.94	
23	10:50am	W10, W8, PS, LS, BBS	.89	
24	1:00am	W10, W8, PS, LS, BBS	.84	
25	1:08am	W10, W8, PS, LS, BBS	.90	
26	3:59pm	W10, W8, PS, LS, BBS	.96	
27	4:23pm	W10, W8, PS, LS, BBS	.98	
28	12:43am	W10, W8, PS, LS, BBS	.93	
29	3:20am	W10, W8, PS, LS, BBS	.91	
30	2:41pm	W10, W8, PS, LS, BBS	.89	
31	6:25pm	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: <u>  /  /  </u></p> <p>Date it was returned to service: <u>  /  /  </u></p>	

Printed Name: Gregg Robinson Title: PW Supervisor Operator Certification #: 09140  
 Signature: [Signature] Phone #: (503) 437-0400 OR  
 Date: 06/07/2024 Small Groundwater System