

**Monthly Disinfection Report for Ground Water Systems**

System Name City of Lafayette

PWS ID# 41-00452

Month/Year June / 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	2:48pm	W10, W8, P5, W, BBS	.92	
2	7:26pm	"	.90	
3	6:45pm	"	.85	
4	10:24pm	"	.83	
5	12:00 AM	"	.85	
6	4:38pm	"	.85	
7	12:03 AM	"	.88	
8	12:00 AM	"	.91	
9	10:18pm	"	.92	
10	6:17pm	"	.90	
11	12:00 AM	"	.92	
12	7:14 PM	"	.92	
13	3:10 PM	"	.93	
14	9:00 PM	"	.90	
15	12:00 AM	"	.97	
16	10:05 PM	"	.93	
17	8:16 PM	"	.88	
18	5:32 PM	"	.83	
19	12:04 AM	"	.83	
20	12:00 AM	"	.88	
21	4:34 pm	"	.93	
22	12:06 AM	"	.98	
23	6:31 pm	"	.97	
24	8:59 pm	"	.86	
25	7:44 pm	"	.80	
26	7:56 AM	"	.06	Cleaned Analyzer / Probes
27	12:05 AM	"	.75	
28	4:34 pm	"	.75	
29	1:45 pm	"	.74	
30	3:37 pm	"	.74	
31	NA	"	N/A	

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L?  Yes  No 7-2-24

If yes, what was the longest time period until the required level was restored? 1.5 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>
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Printed Name: Gregg S. Robinson  
 Signature: [Signature]  
 Date: 07 / 02 / 2024

Title: PW Supervisor  
 Phone #: (503) 437-0401

Operator Certification #: 09140  
 OR  
 Small Groundwater System