

Monthly Disinfection Report for Ground Water Systems

System Name City of Lafayette

PWS ID# 41-00452

Month/Year July 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 | 11:11 PM | W10, W8, P5, W, BBS | .64 | |
| 2 | 7:01 PM | " | .57 | |
| 3 | 12:46 PM | " | .54 | |
| 4 | 3:23 PM | " | .53 | |
| 5 | 3:23 PM | " | .53 | |
| 6 | 12:00 AM | " | .61 | |
| 7 | 2:08 PM | " | .69 | |
| 8 | 3:26 PM | " | .69 | |
| 9 | 12:03 AM | " | .72 | |
| 10 | 12:48 PM | " | .75 | |
| 11 | 3:33 PM | " | .76 | |
| 12 | 4:38 PM | " | .75 | |
| 13 | 12:00 AM | " | .79 | |
| 14 | 4:41 PM | " | .84 | |
| 15 | 3:55 PM | " | .86 | |
| 16 | 3:15 PM | " | .85 | |
| 17 | 9:10 PM | " | .85 | |
| 18 | 5:10 PM | " | .80 | |
| 19 | 3:37 PM | " | .78 | |
| 20 | 2:37 PM | " | .77 | |
| 21 | 8:15 PM | " | .79 | |
| 22 | 12:53 PM | " | .77 | |
| 23 | 5:58 PM | " | .74 | |
| 24 | 11:42 AM | " | .56 | |
| 25 | 12:04 AM | " | .75 | |
| 26 | 2:58 PM | " | .74 | |
| 27 | 2:19 PM | " | .76 | |
| 28 | 8:13 PM | " | .75 | |
| 29 | 8:47 PM | " | .72 | |
| 30 | 8:47 PM | " | .72 | |
| 31 | 4:13 PM | " | .65 | |

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>GWS Serving 3,300 or Fewer</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 these results and submit them with this form. <u>N/A</u></p> | <p>GWS Serving More Than 3,300</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. <u>N/A</u></p> | <p>Date continuous monitoring equipment failed: <u>/ /</u></p> <p>Date it was returned to service: <u>N/A</u></p> |
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Printed Name: Gregg Robinson Title: PW Supervisor Operator Certification #: 09140
 Signature: [Signature] Phone #: (533) 437-0401 OR
 Date: 08/01/2024 Small Groundwater System