

Monthly Disinfection Report for Ground Water Systems

System Name City of Lafayette

PWS ID# 41-00452

Month/Year Oct. / 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	12:02 AM	W10, W8, P3, L5, BBS	.47	
2	12:00 AM	"	.70	
3	12:00 AM	"	.78	
4	8:40 AM	"	.82	
5	12:10 AM	"	.83	
6	8:58 PM	"	.86	
7	11:58 PM	"	.78	
8	10:24 PM	"	.72	
9	4:14 PM	"	.70	
10	12:03 PM	"	.68	
11	12:02 AM	"	.68	
12	12:00 AM	"	.72	
13	9:03 PM	"	.72	
14	6:30 PM	"	.70	
15	9:44 AM	"	.69	
16	12:00 AM	"	.72	
17	12:18 AM	"	.75	
18	12:00 AM	"	.79	
19	12:01 AM	"	.80	
20	10:46 PM	"	.80	
21	9:00 PM	"	.79	
22	5:14 PM	"	.78	
23	12:03 AM	"	.79	
24	9:47 AM	"	.78	
25	12:01 AM	"	.79	
26	12:00 AM	"	.79	
27	10:57 PM	"	.81	
28	1:22 AM	"	.81	
29	5:41 PM	"	.81	
30	12:00 AM	"	.82	
31	12:45 AM	"	.83	

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 type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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 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: Gregg Robinson

Title: PW Supervisor

Operator Certification #: 09140

Signature: [Signature]

Phone #: (503) 437-0401

OR

Date: 11/01/2024

Small Groundwater System