

Monthly Disinfection Report for Ground Water Systems

System Name <i>City of Lafayette</i>	PWS ID# <i>4100452</i>
Month/Year <i>February 2021</i> Entry Point: <i>A</i>	Required Minimum Residual <i>0.2</i> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11 PM	BBS, LS, PS, W10, W8	1.00	
2	9 PM	BBS, LS, PS, W10, W8	0.95	
3	10 PM	BBS, LS, PS, W10, W8	0.90	
4	1 PM	BBS, LS, PS, W10, W8	0.84	
5	8 PM	BBS, LS, PS, W10, W8	0.75	
6	3 PM	BBS, LS, PS, W10, W8	0.75	
7	9 PM	BBS, LS, PS, W10, W8	0.70	
8	10 AM	BBS, LS, PS, W10, W8	0.75	
9	3 AM	BBS, LS, PS, W10, W8	0.76	
10	5 PM	BBS, LS, PS, W10, W8	0.75	
11	12 PM	BBS, LS, PS, W10, W8	0.75	
12	4 AM	BBS, LS, PS, W10, W8	0.78	
13	11:40 AM	BBS, LS, PS, W10, W8	0.98	
14	3:30 AM	BBS, LS, PS, W10, W8	0.56	lost power to test building power down till 3:30 PM
15	4 AM	BBS, LS, PS, W10, W8	1.05	
16	7:00 PM	BBS, LS, PS, W10, W8	1.10	
17	3 AM	BBS, LS, PS, W10, W8	1.06	
18	6 AM	BBS, LS, PS, W10, W8	1.10	
19	11 PM	BBS, LS, PS, W10, W8	1.12	
20	7 PM	BBS, LS, PS, W10, W8	1.07	
21	9 PM	BBS, LS, PS, W10, W8	1.05	
22	6 PM	BBS, LS, PS, W10, W8	1.01	
23	8 PM	BBS, LS, PS, W10, W8	0.99	
24	12:00 PM	BBS, LS, PS, W10, W8	0.95	
25	11 PM	BBS, LS, PS, W10, W8	0.98	
26	10 PM	BBS, LS, PS, W10, W8	0.90	
27	6 PM	BBS, LS, PS, W10, W8	0.88	
28	1 PM	BBS, LS, PS, W10, W8	0.85	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of _____ 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 style="text-align: center;">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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: <i>2/13/21</i></p> <p>Date it was returned to service: <i>2/14/21</i></p>

Printed Name: <i>KONRAD DIMMITT</i>	Title: <i>SUPERVISOR</i>	Operator Certification #: <i>09478</i>
Signature: <i>[Signature]</i>	Phone #: <i>(503) 437 0401</i>	OR
Date: <i>3/1/21</i>		Small Groundwater System <input type="checkbox"/>

City of Lafayette
Water Shed
Test Building
Every 4 Hrs.

2/13/21	11:40 am	PH - 7.66	chlorine - .98
	3:30 p.m.	PH - 7.69	chlorine 1.00
	7:30 pm	PH 7.62	chlorine 1.13
	11:30 p.m.	PH 7.72	chl. 1.03
EL	3:30 AM	PH 7.56	Cl ₂ .56 Adjusted.
		Adjusted from 46 BPM to 49 BPM.	
12/14	7:30	PH 7.67	.90
	11:30	PH 7.64	chl. 1.17
	3:30	PH	1.53
	Had power @ 3:30 p.m. 2/14/21.		