

### Monthly Disinfection Report for Ground Water Systems

System Name CITY of Lafayette PWS ID# 4100452  
 Month/Year May 2021 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	1 AM	W10, W8, P5, L5, BBS	0.80	
2	12 AM	W10, W8, P5, L5, BBS	0.83	
3	8 AM	W10, W8, P5, L5, BBS	0.78	
4	1 AM	W10, W8, P5, L5, BBS	0.75	
5	6 PM	W10, W8, P5, L5, BBS	0.80	
6	6 PM	W10, W8, P5, L5, BBS	0.76	
7	1 AM	W10, W8, P5, L5, BBS	0.75	
8	12 AM	W10, W8, P5, L5, BBS	0.90	
9	3 AM	W10, W8, P5, L5, BBS	0.90	
10	6 AM	W10, W8, P5, L5, BBS	0.75	
11	4 AM	W10, W8, P5, L5, BBS	0.85	
12	7 AM	W10, W8, P5, L5, BBS	0.90	
13	5 PM	W10, W8, P5, L5, BBS	0.85	
14	4 PM	W10, W8, P5, L5, BBS	0.80	
15	10 PM	W10, W8, P5, L5, BBS	0.85	
16	11 PM	W10, W8, P5, L5, BBS	0.75	
17	1 AM	W10, W8, P5, L5, BBS	0.75	
18	4 AM	W10, W8, P5, L5, BBS	0.70	
19	12 AM	W10, W8, P5, L5, BBS	0.75	
20	1 AM	W10, W8, P5, L5, BBS	0.80	
21	2 AM	W10, W8, P5, L5, BBS	0.85	
22	3 PM	W10, W8, P5, L5, BBS	0.85	
23	2 PM	W10, W8, P5, L5, BBS	0.90	
24	9 PM	W10, W8, P5, L5, BBS	0.90	
25	7 PM	W10, W8, P5, L5, BBS	0.65	
26	9 PM	W10, W8, P5, L5, BBS	0.65	
27	12 AM	W10, W8, P5, L5, BBS	0.75	
28	1 AM	W10, W8, P5, L5, BBS	0.85	
29	1 AM	W10, W8, P5, L5, BBS	0.90	
30	6 PM	W10, W8, P5, L5, BBS	0.85	
31	12 AM	W10, W8, P5, L5, BBS	0.90	

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><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>	

Printed Name: KONRAD D'AMMITT Title: SUPERVISOR Operator Certification #: 09478  
 Signature: [Signature] Phone #: (503) 437-0401 OR  
 Date: 5/2/2021 Small Groundwater System