

Monitoring Report for Groundwater Systems

System Name City of Lafayette PWS ID# 41 00452
 Month/Year / 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		W10, W8, PS, LS, BBS		
2		W10, W8, PS, LS, BBS		
3		W10, W8, PS, LS, BBS		
4	12 p.m.	W10, W8, PS, LS, BBS	.90	
5	1 p.m.	W10, W8, PS, LS, BBS	.90	
6	12 a.m.	W10, W8, PS, LS, BBS	.90	
7	12 a.m.	W10, W8, PS, LS, BBS	1.00	
8	11 a.m.	W10, W8, PS, LS, BBS	1.00	
9	10 p.m.	W10, W8, PS, LS, BBS	.85	
10	6 p.m.	W10, W8, PS, LS, BBS	.80	
11	12 a.m.	W10, W8, PS, LS, BBS	.45	
12	12 a.m.	W10, W8, PS, LS, BBS	.95	
13	12 a.m.	W10, W8, PS, LS, BBS	1.15	
14	12 a.m.	W10, W8, PS, LS, BBS	1.30	
15	11 p.m.	W10, W8, PS, LS, BBS	1.00	
16	11 p.m.	W10, W8, PS, LS, BBS	.70	
17	11 p.m.	W10, W8, PS, LS, BBS	.45	
18	3 p.m.	W10, W8, PS, LS, BBS	.50	
19	12 a.m.	W10, W8, PS, LS, BBS	.55	
20	3 a.m.	W10, W8, PS, LS, BBS	.70	
21	12 a.m.	W10, W8, PS, LS, BBS	.95	
22	9 p.m.	W10, W8, PS, LS, BBS	1.00	
23	9 p.m.	W10, W8, PS, LS, BBS	.90	
24	12 a.m.	W10, W8, PS, LS, BBS	.90	
25	1 a.m.	W10, W8, PS, LS, BBS	.60	
26	4 p.m.	W10, W8, PS, LS, BBS	.90	
27	12 a.m.	W10, W8, PS, LS, BBS	1.00	
28	12 a.m.	W10, W8, PS, LS, BBS	1.20	
29	9 p.m.	W10, W8, PS, LS, BBS	1.50	
30	3 p.m.	W10, W8, PS, LS, BBS	.55	
31	12 a.m.	W10, W8, PS, LS, BBS	.60	

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>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>
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Printed Name: Mary Robinson Title: Supervisor Operator Certification #: 09140
 Signature: [Signature] Phone #: (503) 437-0401 OR
 Date: 11/01/2021 Small Groundwater System