

Monthly Monitoring Report for Groundwater Systems

System Name City of Lafayette PWS ID# 41 00452
 Month/Year Feb. 2022 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	6 p.m.	W10, W8, PS, LS, BBS	.85	
2	9 p.m.	W10, W8, PS, LS, BBS	.70	
3	12 p.m.	W10, W8, PS, LS, BBS	.60	
4	4 a.m.	W10, W8, PS, LS, BBS	.55	
5	12 a.m.	W10, W8, PS, LS, BBS	.60	
6	1 a.m.	W10, W8, PS, LS, BBS	.60	
7	1 a.m.	W10, W8, PS, LS, BBS	.70	
8	12 a.m.	W10, W8, PS, LS, BBS	.75	
9	12 a.m.	W10, W8, PS, LS, BBS	.75	
10	12 a.m.	W10, W8, PS, LS, BBS	.75	
11	1 p.m.	W10, W8, PS, LS, BBS	.85	
12	1 a.m.	W10, W8, PS, LS, BBS	.85	
13	9 a.m.	W10, W8, PS, LS, BBS	.80	
14	12 a.m.	W10, W8, PS, LS, BBS	.80	
15	1 a.m.	W10, W8, PS, LS, BBS	.80	
16	2 p.m.	W10, W8, PS, LS, BBS	.90	
17	12 a.m.	W10, W8, PS, LS, BBS	.95	
18	1 a.m.	W10, W8, PS, LS, BBS	.90	
19	4 p.m.	W10, W8, PS, LS, BBS	.85	
20	12 a.m.	W10, W8, PS, LS, BBS	.75	
21	12 p.m.	W10, W8, PS, LS, BBS	.70	
22	12 a.m.	W10, W8, PS, LS, BBS	.65	
23	1 p.m.	W10, W8, PS, LS, BBS	.70	
24	12 a.m.	W10, W8, PS, LS, BBS	.70	
25	2 a.m.	W10, W8, PS, LS, BBS	.80	
26	10 p.m.	W10, W8, PS, LS, BBS	.90	
27	12 a.m.	W10, W8, PS, LS, BBS	.95	
28	1 a.m.	W10, W8, PS, LS, BBS	.95	
29	X	W10, W8, PS, LS, BBS	X	X
30	X	W10, W8, PS, LS, BBS	X	X
31	X	W10, W8, PS, LS, BBS	X	X

Was the chlorine residual ever less than the required minimum residual of .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 checked="" 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 checked="" 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: Greg Robinson Title: Supervisor Operator Certification #: 09140
 Signature: [Signature] Phone #: (503) 437-0401
 Date: 3/3/22

OR
 Small Groundwater System