

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 41 00491
 Month/Year Feb 21 / Entry Point: EP-A for Springs Required Minimum Residual 0.3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		SPRINGS	0.48	
2			0.42	
3			0.45	
4			0.51	
5			0.55	
6			0.58	
7			0.60	
8			0.57	
9			0.62	
10			0.60	
11			0.62	
12			0.52	
13			0.48	
14			0.47	
15			0.44	
16			0.49	
17			0.50	
18			0.45	
19			0.43	
20			0.47	
21			0.50	
22			0.53	
23			0.50	
24			0.47	
25			0.51	
26			0.53	
27			0.47	
28			0.49	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual 0.30 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 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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6737
 Signature: Shawn Young Phone #: (541) 569 2415 OR
 Date: 3.3.21 Small Groundwater System