

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 Month/Year MAY 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	0.49	
2			0.53	
3			0.65	
4			0.51	
5			0.50	
6			0.44	
7			0.45	
8			0.50	
9			0.47	
10			0.52	
11			0.50	
12			0.49	
13			0.48	
14			0.45	
15			0.42	
16			0.40	
17			0.37	
18			0.41	
19			0.40	
20			0.43	
21			0.45	
22			0.42	
23			0.44	
24			0.41	
25			0.37	
26			0.39	
27			0.37	
28			0.41	
29			0.42	
30			0.40	
31			0.40	

Was the chlorine residual ever less than the required minimum residual of 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.

GWS Serving 3,300 or Fewer 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 Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.
	Date continuous monitoring equipment failed: ___/___/___ Date it was returned to service: ___/___/___

Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6739
 Signature: [Signature] Phone #: (541) 569 2415
 Date: 6.3.21

OR
Small Groundwater System