

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name City of Lostine PWS ID# 4 1 00491
 Month/Year June 2021 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	0.44	
2			0.46	
3			0.37	
4			0.42	
5			0.47	
6			0.42	
7			0.40	
8			0.35	
9			0.38	
10			0.44	
11			0.40	
12			0.43	
13			0.41	
14			0.42	
15			0.40	
16			0.37	
17			0.41	
18			0.34	
19			0.36	
20			0.35	
21			0.35	
22			0.41	
23			0.41	
24			0.37	
25			0.39	
26			0.42	
27			0.38	
28			0.42	
29			0.38	
30			0.38	
31				

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.

<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 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>

Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6739
 Signature: [Signature] Phone #: (541) 569 2415
 Date: 6.30.21

OR
Small Groundwater System