

### Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491  
 -Month/Year July 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	0.41	
2			0.44	
3			0.37	
4			0.40	
5			0.39	
6			0.34	
7			0.41	
8			0.45	
9			0.47	
10			0.43	
11			0.42	
12			0.37	
13			0.46	
14			0.43	
15			0.41	
16			0.42	
17			0.38	
18			0.40	
19			0.43	
20			0.46	
21			0.40	
22			0.37	
23			0.38	
24			0.44	
25			0.42	
26			0.39	
27			0.43	
28			0.41	
29			0.39	
30			0.37	
31			0.41	

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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_ mg/L as required?  Yes  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?  Yes  No  
 Date continuous monitoring equipment failed: \_\_\_\_\_  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: \_\_\_\_\_  
 Attach grab sample results and submit them with this form.

Printed Name: Shawn Young Title: WATER MASTER  
 Signature: [Signature] Phone #: (541) 569 2415  
 Date: 8-9-21

Operator Certification #: D-6739  
 OR  
 Small Groundwater System