

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 Month/Year August / 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	0.43	
2			0.39	
3			0.38	
4			0.42	
5			0.39	
6			0.43	
7			0.41	
8			0.38	
9			0.43	
10			0.40	
11			0.45	
12			0.41	
13			0.45	
14			0.39	
15			0.41	
16			0.37	
17			0.40	
18			0.43	
19			0.48	
20			0.41	
21			0.39	
22			0.37	
23			0.44	
24			0.41	
25			0.38	
26			0.43	
27			0.40	
28			0.38	
29			0.42	
30			0.45	
31			0.41	

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Drinking Water Program
 Pendleton Office

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 _____ 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>
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Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6737
 Signature: [Signature] Phone #: (541) 569 2415 OR
 Date: 9.8.21 Small Groundwater System