

State of Oregon DRINKING Water Program
Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 41 00491
 -Month/Year Oct, 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	0.41	
2			0.38	
3			0.37	
4			0.34	
5			0.41	
6			0.48	
7			0.56	
8			0.50	
9			0.53	
10			0.50	
11			0.55	
12			0.50	
13			0.54	
14			0.60	
15			0.65	
16			0.70	
17			0.68	
18			0.71	
19			0.63	
20			0.65	
21			0.60	
22			0.63	
23			0.68	
24			0.67	
25			0.71	
26			0.75	
27			0.73	
28			0.77	
29			0.75	
30			0.71	
31			0.74	

Was the chlorine residual ever less than the required minimum residual of 0.3 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 <u> </u> 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 <u> </u> 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: <u> </u>/<u> </u>/<u> </u></p> <p>Date it was returned to service: <u> </u>/<u> </u>/<u> </u></p>	

Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6739
 Signature: Shawn Young Phone #: (541) 569 2415
 Date: 11.8.21

OR
 Small Groundwater System