

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

System Name City of Lostine PWS ID# 41 00491  
 Month/Year JAN 12 / 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		
2			0.43	
3			0.45	
4			0.41	
5			0.44	
6			0.49	
7			0.46	
8			0.51	
9			0.45	
10			0.48	
11			0.50	
12			0.53	
13			0.46	
14			0.49	
15			0.46	
16			0.43	
17			0.48	
18			0.45	
19			0.47	
20			0.44	
21			0.45	
22			0.35	
23			0.35	
24			0.42	
25			0.45	
26			0.50	
27			0.47	
28			0.47	
29			0.43	
30			0.45	
31			0.46	

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?  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  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  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  
 Signature: Shawn Young Phone #: (541) 569 2415  
 Date: 2.2.22 / 10

Operator Certification #: D-6739  
 OR  
 Small Groundwater System