

**Monthly Disinfection Report for Ground Water Systems**

System Name City of Lostine PWS ID# 41 00491  
 -Month/Year Feb 1 2022 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	0.39	
2			0.40	
3			0.37	
4			0.42	
5			0.40	
6			0.43	
7			0.44	
8			0.32	
9			0.35	
10			0.37	
11			0.39	
12			0.34	
13			0.33	
14			0.35	
15			0.32	
16			0.35	
17			0.36	
18			0.34	
19			0.35	
20			0.33	
21			0.36	
22			0.35	
23			0.37	
24			0.34	
25			0.37	
26			0.35	
27			0.40	
28			0.56	
29				
30				
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6739  
 Signature: Shawn Young Phone #: (541) 569 2415  
 Date: 3.7.22 OR  
 Small Groundwater System