

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 -Month/Year 3 122 / 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	0.33	
2			0.37	
3			0.39	
4			0.34	
5			0.61	
6			0.45	
7			0.42	
8			0.38	
9			0.37	
10			0.47	
11			0.45	
12			0.42	
13			0.45	
14			0.44	
15			0.47	
16			0.52	
17			0.51	
18			0.55	
19			0.54	
20			0.51	
21			0.49	
22			0.53	
23			0.48	
24			0.55	
25			0.49	
26			0.51	
27			0.52	
28			0.48	
29			0.51	
30			0.47	
31			0.49	

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.

<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>
<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>	

Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6739
 Signature: Shawn Young Phone #: (541) 569 2415
 Date: 4.5.22

OR
 Small Groundwater System