

**Monthly Disinfection Report for Ground Water Systems**

System Name City of Losline PWS ID# 4.1 00491  
 Month/Year MAY 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	0.42	
2			0.45	
3			0.52	
4			0.38	
5			0.42	
6			0.38	
7			0.41	
8			0.35	
9			0.37	
10			0.33	
11			0.35	
12			0.39	
13			0.35	
14			0.37	
15			0.36	
16			0.38	
17			0.35	
18			0.42	
19			0.45	
20			0.51	
21			0.50	
22			0.53	
23			0.52	
24			0.56	
25			0.52	
26			0.49	
27			0.57	
28			0.63	
29			0.55	
30			0.51	
31			0.47	

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><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>
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Printed Name: Shawn Young Title: WATER MASTER Operator Certification #: D-6739  
 Signature: [Signature] Phone #: (541) 569 2415  
 Date: 6-7-22

OR  
 Small Groundwater System