

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 Month/Year Aug 12 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 | 0.48 | |
| 2 | | | 0.57 | |
| 3 | | | 0.52 | |
| 4 | | | 0.52 | |
| 5 | | | 0.43 | |
| 6 | | | 0.41 | |
| 7 | | | 0.39 | |
| 8 | | | 0.40 | |
| 9 | | | 0.40 | |
| 10 | | | 0.45 | |
| 11 | | | 0.51 | |
| 12 | | | 0.48 | |
| 13 | | | 0.46 | |
| 14 | | | 0.49 | |
| 15 | | | 0.51 | |
| 16 | | | 0.46 | |
| 17 | | | 0.45 | |
| 18 | | | 0.47 | |
| 19 | | | 0.45 | |
| 20 | | | 0.42 | |
| 21 | | | 0.38 | |
| 22 | | | 0.35 | |
| 23 | | | 0.38 | |
| 24 | | | 0.37 | |
| 25 | | | 0.34 | |
| 26 | | | 0.48 | |
| 27 | | | 0.43 | |
| 28 | | | 0.47 | |
| 29 | | | 0.45 | |
| 30 | | | 0.42 | |
| 31 | | | 0.45 | |

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>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 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> |
| | <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-6737
 Signature: Shawn Young 9-6-22 Phone #: (541) 569 2415
 Date: _____ OR Small Groundwater System