

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 Month/Year Oct 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	0.45	
2			0.40	
3			0.41	
4			0.37	
5			0.42	
6			0.44	
7			0.39	
8			0.45	
9			0.47	
10			0.42	
11			0.41	
12			0.42	
13			0.37	
14			0.43	RECEIVED NOV 07 2022 Drinking Water Program Pendleton Office
15			0.40	
16			0.44	
17			0.39	
18			0.40	
19			0.37	
20			0.39	
21			0.42	
22			0.40	
23			0.37	
24			0.46	
25			0.43	
26			0.34	
27			0.41	
28			0.39	
29			0.42	
30			0.37	
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>
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Printed Name: Shawn Young Title: Water Master Operator Certification #: D-6739
 Signature: Shawn Young Phone #: (541) 569 2415
 Date: 11.7.22 P10

OR
Small Groundwater System