

### Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4 1 00491  
 -Month/Year MAR 23 / 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	0.44	
2			0.39	
3			0.43	
4			0.42	
5			0.41	
6			0.39	
7			0.43	
8			0.57	
9			0.40	
10			0.41	
11			0.58	
12			0.57	
13			0.39	
14			0.34	
15			0.41	
16			0.39	
17			0.44	
18			0.39	
19			0.43	
20			0.46	
21			0.47	
22			0.52	
23			0.56	
24			0.58	
25			0.61	
26			0.59	
27			0.63	
28			0.67	
29			0.66	
30			0.68	
31			0.71	

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 _____ 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: 4.4.23

OR  
 Small Groundwater System