

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 Month/Year Apr. 1, 2023 / 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	0.73	
2			0.75	
3			0.73	
4			0.81	
5			0.77	
6			0.73	
7			0.78	
8			0.72	
9			0.75	
10			0.70	
11			0.78	
12			0.71	
13			0.73	
14			0.77	
15			0.73	
16			0.69	
17			0.70	
18			0.66	
19			0.64	
20			0.60	
21			0.61	
22			0.55	
23			0.50	
24			0.52	
25			0.49	
26			0.44	
27			0.43	
28			0.50	
29			0.48	
30			0.47	
31				

Was the chlorine residual ever less than the required minimum residual 0.3 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 style="text-align: center;">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-6739
 Signature: Shawn Young Phone #: (541) 569 2415
 Date: 5.2.23

OR
 Small Groundwater System