

# Monthly Disinfection Report for Ground Water Systems

System Name \_\_\_\_\_ City of Lostine \_\_\_\_\_ PWS ID# 4.1 00491  
 -Month/Year June/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	0.53	
2			0.48	
3			0.51	
4			0.42	
5			0.45	
6			0.43	
7			0.38	
8			0.52	
9			0.42	
10			0.47	
11			0.41	
12			0.44	
13			0.46	
14			0.43	
15			0.54	
16			0.62	
17			0.44	
18			0.41	
19			0.43	
20			0.46	
21			0.43	
22			0.45	
23			0.49	
24			0.44	
25			0.42	
26			0.47	
27			0.42	
28			0.36	
29			0.41	
30			0.43	
31				

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.

## GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

## GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☒ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date it was returned to service: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name: Shawn Young  
 Signature: Shawn Young  
 Date: 7.10.23

Title: WATER MASTER  
 Phone #: (541) 569 2415

Operator Certification #: D-6739  
 OR  
 Small Groundwater System ☐