

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491
 -Month/Year July 1, 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	0.35	
2			0.46	
3			0.40	
4			0.42	
5			0.44	
6			0.45	
7			0.44	
8			0.38	
9			0.37	
10			0.48	
11			0.56	
12			0.50	
13			0.53	
14			0.56	
15			0.51	
16			0.53	
17			0.48	
18			0.42	
19			0.48	
20			0.45	
21			0.49	
22			0.45	
23			0.48	
24			0.43	
25			0.39	
26			0.41	
27			0.40	
28			0.39	
29			0.40	
30			0.43	
31			0.39	

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 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: 8.7.23 OR
 Small Groundwater System