

**Monthly Disinfection Report for Ground Water Systems**

System Name City of Lostine PWS ID# 4.1 00491  
 Month/Year Sept 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          | .84  |       |
| 2    |      |                  | .77  |       |
| 3    |      |                  | .70  |       |
| 4    |      |                  | .64  |       |
| 5    |      |                  | .53  |       |
| 6    |      |                  | .71  |       |
| 7    |      |                  | .63  |       |
| 8    |      |                  | .64  |       |
| 9    |      |                  | .53  |       |
| 10   |      |                  | .57  |       |
| 11   |      |                  | .60  |       |
| 12   |      |                  | .52  |       |
| 13   |      |                  | .51  |       |
| 14   |      |                  | .55  |       |
| 15   |      |                  | .53  |       |
| 16   |      |                  | .58  |       |
| 17   |      |                  | .52  |       |
| 18   |      |                  | .47  |       |
| 19   |      |                  | .44  |       |
| 20   |      |                  | .35  |       |
| 21   |      |                  | .42  |       |
| 22   |      |                  | .58  |       |
| 23   |      |                  | .69  |       |
| 24   |      |                  | .75  |       |
| 25   |      |                  | .68  |       |
| 26   |      |                  | .73  |       |
| 27   |      |                  | .66  |       |
| 28   |      |                  | .65  |       |
| 29   |      |                  | .63  |       |
| 30   |      |                  | .72  |       |
| 31   |      |                  |  |       |

Was the chlorine residual ever less than the required minimum residual of 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><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 fall at any time this reporting month? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p> |
| <p>Date continuous monitoring equipment failed: _____/_____/_____<br/>                 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: 10.10.23

OR  
 Small Groundwater System