

# Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 4.1 00491  
 -Month/Year Oct 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	0.61	
2			0.39	
3			0.36	
4			0.35	
5			0.41	
6			0.35	
7			0.37	
8			0.35	
9			0.48	
10			0.39	
11			0.34	
12			0.40	
13			0.38	
14			0.43	
15			0.47	
16			0.50	
17			0.55	
18			0.49	
19			0.54	
20			0.52	
21			0.53	
22			0.51	
23			0.56	
24			0.53	
25			0.55	
26			0.54	
27			0.57	
28			0.56	
29			0.52	
30			0.46	
31			0.44	

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.

<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 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: [Signature] Phone #: (541) 569 2415  
 Date: 11.8.23

OR  
Small Groundwater System