

**Monthly Disinfection Report for Ground Water Systems**

System Name City of Lostine PWS ID# 4.1 00491  
 Month/Year APRIL 2024 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	0.43	
2			0.41	
3			0.40	
4			0.39	
5			0.43	
6			0.44	
7			0.47	
8			0.51	
9			0.57	
10			0.63	
11			0.64	
12			0.46	
13			0.57	
14			0.66	
15			0.47	
16			0.45	
17			0.52	
18			0.47	
19			0.49	
20			0.52	
21			0.53	
22			0.58	
23			0.56	
24			0.55	
25			0.57	
26			0.62	
27			0.59	
28			0.55	
29			0.60	
30			0.63	
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><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 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: _____/_____/_____                  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: 5.6.24

OR  
Small Groundwater System