

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name _____ City of Lostine _____ PWS ID# 41 00491
 Month/Year 9-24 Entry Point: EPA 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/WELL	0.91	
2			0.92	
3			0.87	
4			0.88	
5			0.83	
6			0.81	
7			0.79	
8			0.76	
9			0.75	
10			0.64	
11			0.79	
12			0.71	
13			0.63	
14			0.71	
15			0.68	
16			0.69	
17			0.73	
18			0.68	
19			0.53	
20			0.67	
21			0.59	
22			0.98	
23			0.57	
24			0.95	
25			0.98	
26			0.83	
27			0.87	
28			0.84	
29			0.80	
30			0.91	
31				

Was the chlorine residual ever less than the required minimum residus. No Yes
 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

GWS Serving More Than 3,300

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

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

Date continuous monitoring equipment failed: _____/_____/_____

Attach those results and submit them with this form.

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

Date it was returned to service: _____/_____/_____

Attach grab sample results and submit them with this form.

Printed Name: Shawn Young

Title: WATER MASTER

Operator Certification #: D-6739

Signature: Shawn Young

Phone #: (541) 569 2415

OR

Date: 10-6-24

Small Groundwater System