

Monthly Disinfection Report for Ground Water Systems

System Name City of Lostine PWS ID# 41 00491
 Month/Year Nov 25 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	0.64	
2			0.60	
3			0.68	
4			0.73	
5			0.77	
6			0.66	
7			0.63	
8			0.62	
9			0.65	
10			0.61	
11			0.58	
12			0.57	
13			0.59	
14			0.64	
15			0.62	
16			0.67	
17			0.63	
18			0.61	
19			0.67	
20			0.62	
21			0.65	
22			0.61	
23			0.59	
24			0.48	
25			0.51	
26			0.53	
27			0.49	
28			0.55	
29			0.59	
30			0.57	
31				

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.

GWS Serving 3,300 or Fewer

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

Attach those results and submit them with this form.

GWS Serving More Than 3,300

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

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

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: Shawn Young
 Signature: Shawn Young
 Date: 12-5-25

Title: WATER MASTER
 Phone #: (541) 569 2415

Operator Certification #: D-6737
 OR
 Small Groundwater System ☐

December 19, 2012