

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

System Name City of Maupin Lower Res. PWS ID# 41 00510
 Month/Year Jan/2021 Entry Point Water Ave. Required Minimum Residual 0.30 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:38	SB 1/2/3	0.56	
2	11:44		0.61	
3	11:57		0.60	
4	8:22		0.45	
5	8:47		0.52	
6	7:27		0.55	
7	7:06		0.52	
8	7:09		0.64	
9	11:02		0.48	
10	10:39		0.50	
11	7:47		0.59	
12	7:30		0.51	
13	7:31		0.51	
14	7:30		0.58	
15	7:49		0.51	
16	9:25		0.62	Running
17	9:41		0.58	
18	9:50		0.51	
19	8:14		0.61	
20	8:10		0.55	
21	7:19		0.50	
22	7:41		0.64	
23	8:36		0.50	
24	9:30		0.42	
25	7:30		0.64	
26	7:30		0.50	
27	7:45		0.57	
28	7:28		0.68	
29	7:33		0.57	
30	11:25		0.52	
31	8:13		0.72	

Was the chlorine residual ever less than the required minimum residual of _____ 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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Kirk Shields Title: Foreman Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 1 1 Small Groundwater System

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

System Name City of Maupin

*Springs Pump
House*

PWS ID# 41 00510

Month/Year *Jan/2021* Entry Point:

Required Minimum Residual *0.30* mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:08	<i>SB 1/2/3</i>	<i>0.61</i>	
2	11:05		<i>0.71</i>	
3	11:48		<i>0.60</i>	
4	8:24		<i>0.52</i>	
5	8:59		<i>0.55</i>	
6	7:44		<i>0.50</i>	<i>Running</i>
7	7:24		<i>0.62</i>	
8	7:26		<i>0.66</i>	
9	11:11		<i>0.60</i>	
10	10:47		<i>0.64</i>	
11	8:04		<i>0.64</i>	
12	7:50		<i>0.63</i>	
13	7:47		<i>0.62</i>	
14	7:58		<i>0.63</i>	
15	8:18		<i>0.61</i>	
16	9:38		<i>0.48</i>	<i>Running</i>
17	9:57		<i>0.60</i>	
18	10:04		<i>0.62</i>	
19	8:27		<i>0.51</i>	
20	8:20		<i>0.58</i>	
21	7:36		<i>0.63</i>	
22	8:05		<i>0.67</i>	
23	8:47		<i>0.56</i>	
24	9:40		<i>0.59</i>	
25	7:47		<i>0.51</i>	<i>Running</i>
26	7:48		<i>0.68</i>	
27	8:09		<i>0.66</i>	
28	7:46		<i>0.67</i>	
29	7:46		<i>0.65</i>	
30	11:30		<i>0.66</i>	
31	8:20		<i>0.71</i>	

Was the chlorine residual ever less than the required minimum residual of _____ 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>GWS Serving 3,300 or Fewer</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><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed:</p> <p align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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<p>Printed Name: <i>Kirk Shields</i></p> <p>Signature: <i>K Shields</i></p> <p>Date: <i>1 1</i></p>	<p>Title: <i>Foreman</i></p> <p>Phone #: <i>(541) 395-2684</i></p>	<p>Operator Certification #: <i>D-09131</i></p> <p>Small Groundwater System <input type="checkbox"/></p>
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**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name City of Maupin

East Maupin

PWS ID# 41 00510

Month/Year *Jan/2021* Entry Point

Required Minimum Residual *0.30* mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:00	<i>SB 1/2/3</i>	0.36	
2	10:00		0.33	
3	10:00		0.30	
4	8:38		0.39	
5	9:13		0.36	
6	7:58		0.47	
7	7:40		0.48	
8	7:55		0.47	
9	11:45		0.41	
10	11:00		0.42	
11	8:34		0.44	
12	8:07		0.44	
13	8:05		0.42	
14	8:10		0.46	
15	8:50		0.44	
16	9:35		0.48	
17	10:15		0.46	
18	10:30		0.48	
19	8:42		0.34	
20	8:35		0.48	
21	8:09		0.47	
22	8:21		0.48	
23	8:30		0.46	
24	9:35		0.48	
25	8:06		0.47	
26	8:12		0.48	
27	8:24		0.45	
28	8:10		0.45	
29	8:04		0.46	
30	11:30		0.46	
31	8:30		0.47	

Was the chlorine residual ever less than the required minimum residual of _____ 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>GWS Serving 3,300 or Fewer</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><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: *Kirk Shields* Title: *Foreman* Operator Certification #: _____
 Signature: *K. Shields* Phone #: *(541) 395-2684* OR *D-09131*
 Date: *1 1* Small Groundwater System