

**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 Mar/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	6:57	SB 1/2/3	0.61	
2	7:15		0.53	
3	7:24		0.52	
4	7:21		0.60	
5	8:06		0.54	
6	7:12		0.52	
7	10:27		0.60	
8	8:07		0.56	
9	7:12		0.46	
10	7:41		0.55	
11	7:16		0.51	
12	7:23		0.55	
13	8:00		0.53	
14	8:44		0.60	
15	7:07		0.47	
16	7:41		0.48	
17	7:33		0.57	
18	7:13		0.46	
19	7:40		0.62	
20	7:55		0.58	
21	8:32		0.61	
22	8:05		0.44	
23	7:22		0.49	
24	7:15		0.63	
25	8:17		0.52	
26	7:40		0.66	
27	10:28		0.53	
28	8:54		0.59	
29	7:41		0.49	
30	7:34		0.58	
31	7:36		0.66	Running

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>	

Printed Name: Kirk Shields Title: Foreman Operator Certification #: OR D-09131
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System
 Date: 4/1/21

**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 *Mar/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	7:15	<i>SB 1/2/3</i>	<i>0.526</i>	
2	7:29		<i>0.58</i>	
3	7:41		<i>0.47</i>	<i>Running</i>
4	7:38		<i>0.47</i>	<i>Running</i>
5	8:18		<i>0.52</i>	
6	9:50		<i>0.62</i>	
7	10:12		<i>0.44</i>	<i>Running</i>
8	8:32		<i>0.57</i>	
9	7:29		<i>0.47</i>	<i>Running</i>
10	7:59		<i>0.75</i>	
11	7:35		<i>0.63</i>	
12	9:12		<i>0.65</i>	
13	8:17		<i>0.66</i>	
14	9:00		<i>0.63</i>	
15	8:27		<i>0.60</i>	
16	8:17		<i>0.73</i>	
17	7:57		<i>0.46</i>	<i>Running</i>
18	7:39		<i>0.64</i>	
19	8:09		<i>0.63</i>	
20	8:05		<i>0.60</i>	<i>just shut off.</i>
21	8:41		<i>0.59</i>	
22	8:40		<i>0.60</i>	
23	7:37		<i>0.45</i>	<i>Running</i>
24	7:40		<i>0.63</i>	
25	8:26		<i>0.52</i>	
26	8:01		<i>0.63</i>	
27	10:46		<i>0.53</i>	
28	10:04		<i>0.73</i>	
29	7:57		<i>0.45</i>	<i>Running</i>
30	7:49		<i>0.61</i>	
31	7:56		<i>0.47</i>	<i>Running</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>Date it was returned to service: / /</p>

Printed Name: *Kirk Shields* Title: *Foreman* Operator Certification #: _____
 Signature: *K. Shields* Phone #: *(541) 395-2684* OR *D-09131*
 Date: *4/1/21* Small Groundwater System

**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 *Mar/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	8:15	1/2/3	0.46	
2	7:47		0.49	
3	8:33		0.48	
4	7:53		0.54	
5	8:45		0.54	
6	10:30		0.42	
7	9:15		0.46	
8	8:45		0.44	
9	7:42		0.50	
10	8:14		0.50	
11	7:50		0.44	
12	7:40		0.45	
13	8:50		0.50	
14	9:20		0.50	
15	8:45		0.47	
16	8:32		0.50	
17	8:15		0.48	
18	8:07		0.50	
19	8:28		0.52	
20	8:15		0.51	
21	8:45		0.52	
22	8:50		0.50	
23	7:52		0.51	
24	7:59		0.45	
25	8:45		0.45	
26	8:26		0.50	
27	10:00		0.45	
28	10:30		0.42	
29	8:19		0.45	
30	7:59		0.50	
31	8:24		0.50	

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>	

Printed Name: *Kirk Shields* Title: *fore man* Operator Certification #: *D-09131*
 Signature: *K. Shields* Phone #: *(541) 395-2684* Small Groundwater System
 Date: *4/1/21*