

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

System Name **City of Maupin**

PWS ID# **41 00510**

Month/Year **May/2021** Entry Point:

**East Maupin**

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	10:30	SB 1/2/3	0.50	KS
2	11:30		0.50	
3	8:07		0.46	
4	7:37		0.45	
5	8:40		0.52	
6	8:26		0.56	
7	8:46		0.52	
8	10:00		0.50	
9	8:45		0.53	
10	10:00		0.50	
11	8:10		0.55	
12	8:18		0.55	
13	8:20		0.52	
14	8:30		0.51	
15	8:45		0.44	
16	9:00		0.32	
17	8:25		0.44	
18	8:15		0.34	
19	7:48		0.46	
20	7:51		0.42	
21	8:05		0.57	
22	11:00		0.44	
23	10:30		0.44	
24	8:52		0.46	
25	8:04		0.47	
26	8:03		0.52	
27	8:11		0.50	
28	8:23		0.58	
29	8:30		0.45	
30	12:00		0.30	
31	8:45		0.48	

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><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: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: **Kirk Shields** Title: **Foreman** Operator Certification #: **OR D-09131**  
 Signature: *K. Shields* Phone #: **(541) 395-2684** Small Groundwater System   
 Date: **6/17/21**

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

System Name City of Maupin PWS ID# 41 00510  
 Month/Year May/2021 Entry Point: Springs Pump House 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	10:50	SJS 1/2/3	0.47	tes
2	11:15		0.55	Running
3	7:47		0.60	
4	7:20		0.60	
5	8:13		0.42	Running
6	7:49		0.45	Running
7	7:59		0.64	
8	8:34		0.75	
9	9:37		0.66	
10	8:14		0.59	
11	7:48		0.47	Running
12	7:57		0.48	Running
13	8:02		0.45	Running
14	8:04		0.62	
15	8:12		0.61	tes
16	8:25		0.53	
17	8:16		0.45	
18	7:53		0.58	
19	7:23		0.68	
20	7:35		0.42	Running
21	7:46		0.68	
22	11:10		0.55	
23	9:34		0.66	
24	8:19		0.45	Running
25	7:35		0.77	
26	7:40		0.44	Running
27	7:47		0.47	Running
28	8:05		0.67	
29	8:35		0.40	
30	12:30		0.57	
31	8:00		0.12	

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><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: / /</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: 6/7/21 Small Groundwater System

**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 May/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	11:12	SB 1/2/3	0.49	FS
2	10:39		0.52	FS
3	7:33		0.55	
4	7:06		0.45	
5	7:57		0.50	
6	7:25		0.67	Running
7	7:40		0.50	
8	8:20		0.67	
9	9:13		0.66	
10	8:02		0.53	
11	7:33		0.64	
12	7:40		0.68	Running
13	7:46		0.67	Running
14	7:38		0.65	
15	8:09		0.56	
16	8:17		0.61	
17	7:52		0.65	
18	7:43		0.59	
19	7:06		0.57	
20	7:19		0.67	
21	7:26		0.57	
22	11:00		0.58	
23	9:24		0.62	
24	8:06		0.62	
25	7:18		0.60	
26	7:24		0.65	
27	7:31		0.69	
28	7:47		0.54	
29	7:05		0.60	
30	12:47		0.40	
31	7:40		0.59	

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><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 align="center"><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: / /</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: 6/17/21