

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

System Name **City of Maupin**

PWS ID# **41 00510**

Month/Year **June 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	8:11	SB 1/2/3	0.38	
2	8:15		0.36	
3	7:26		0.48	
4	8:00		0.51	
5	9:30		0.48	
6	11:30		0.46	
7	8:28		0.47	
8	8:38		0.47	
9	7:40		0.64	
10	7:50		0.43	
11	8:14		0.47	
12	8:25		0.42	
13	11:20		0.43	
14	8:32		0.45	
15	8:10		0.44	
16	8:14		0.38	
17	8:04		0.46	
18	8:11		0.48	
19	8:20		0.45	
20	8:40		0.38	
21	8:30		0.47	
22	7:49		0.59	
23	8:08		0.43	
24	8:20		0.55	
25	7:59		0.48	
26	11:15		0.50	
27	11:15		0.50	
28	8:00		0.58	
29	8:04		0.45	
30	8:14		0.57	

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.

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: **Kirk Shields**
 Signature: *Kirk Shields*
 Date: **7/14/2021**

Title: **Foreman**
 Phone #: **(541) 395-2684**

Operator Certification #: _____
 OR **D-09131**
 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 June/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	7:39	SB 1/2/3	0.45	Running
2	7:56		0.67	
3	7:19		0.69	
4	7:40		0.68	
5	9:13		0.69	
6	11:00		0.46	Running
7	8:18		0.44	Running
8	8:26		0.62	
9	7:23		0.49	Running
10	7:31		0.49	Running
11	7:50		0.46	Running
12	8:00		0.45	
13	11:29		0.47	
14	8:13		0.64	
15	7:33		0.76	
16	7:41		0.67	
17	7:41		0.67	
18	7:55		0.72	
19	7:54		0.65	
20	8:24		0.54	
21	8:23		0.60	
22	7:23		0.46	Running
23	7:46		0.67	
24	7:58		0.67	
25	7:38		0.69	
26	11:00		0.67	
27	11:00		0.67	
28	7:42		0.43	Running
29	7:48		0.36	Running
30	7:44		0.62	

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 #: OR D-09131
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System
 Date: 7/14/2021

**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 June/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	7:21	1/2/3	0.66	
2	7:33		0.67	
3	6:56		0.65	
4	7:15		0.66	
5	8:54		0.65	
6	10:50		0.64	
7	8:12		0.61	
8	8:07		0.61	Running
9	7:06		0.63	
10	7:12		0.68	
11	7:29		0.67	Running
12	7:49		0.59	
13	11:13		0.66	
14	7:59		0.66	
15	7:06		0.63	
16	7:13		0.57	
17	7:23		0.68	
18	7:17		0.67	
19	7:43		0.56	
20	8:15		0.61	Running
21	8:11		0.57	
22	7:02		0.66	
23	7:25		0.65	
24	7:37		0.64	
25	7:26		0.66	
26	15:49		0.60	Running
27	15:49		0.60	Running
28	6:55		0.59	
29	7:26		0.65	Running
30	7:16		0.61	

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.

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
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GWS Serving More Than 3,300
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Date continuous monitoring equipment failed: _____ / _____ / _____
 Date it was returned to service: _____ / _____ / _____

Printed Name: Kirk Shields Title: Foreman
 Signature: [Signature] Phone #: (541) 395-2684
 Date: 7/14/2021

Operator Certification #: _____
 OR D-09131
 Small Groundwater System