

**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 *Sept/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    | 8:27  | <i>SB 1/2/3</i>  | 0.47   |       |
| 2    | 8:28  |                  | 0.41   |       |
| 3    | 8:14  |                  | 0.48   |       |
| 4    | 8:30  |                  | 0.48   |       |
| 5    | 8:25  |                  | 0.36   |       |
| 6    | 8:35  |                  | 0.40   |       |
| 7    | 8:15  |                  | 0.34   |       |
| 8    | 7:47  |                  | 0.36   |       |
| 9    | 8:23  |                  | 0.33   |       |
| 10   | 8:30  |                  | 0.36   |       |
| 11   | 10:00 |                  | 0.36   |       |
| 12   | 8:45  |                  | 0.38   |       |
| 13   | 8:28  |                  | 0.46   |       |
| 14   | 8:11  |                  | 0.42   |       |
| 15   | 8:58  |                  | 0.41   |       |
| 16   | 9:01  |                  | 0.34   |       |
| 17   | 9:04  |                  | 0.41   |       |
| 18   | 11:50 |                  | 0.33   |       |
| 19   | 11:15 |                  | 0.41   |       |
| 20   | 8:19  |                  | 0.39   |       |
| 21   | 8:18  |                  | 0.36   |       |
| 22   | 8:48  |                  | 0.35   |       |
| 23   | 8:12  |                  | 0.34   |       |
| 24   | 8:49  |                  | 0.55   |       |
| 25   | 9:50  |                  | 0.39   |       |
| 26   | 11:10 |                  | 0.38   |       |
| 27   | 11:15 |                  | 0.35   |       |
| 28   | 7:58  |                  | 0.34   |       |
| 29   | 8:26  |                  | 0.41   |       |
| 30   | 8:35  |                  | 0.40   |       |

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: *K. Shields*  
 Date: *10/14/21*

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*

PWS ID# 41 00510

Month/Year *Sept./2021* Entry Point:

*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    | 7:54  | <i>SB 1/2/3</i>  | 0.65   |         |
| 2    | 7:46  |                  | 0.69   |         |
| 3    | 7:56  |                  | 0.67   |         |
| 4    | 8:21  |                  | 0.65   |         |
| 5    | 8:15  |                  | 0.63   |         |
| 6    | 8:25  |                  | 0.61   |         |
| 7    | 8:03  |                  | 0.62   |         |
| 8    | 7:29  |                  | 0.64   |         |
| 9    | 7:44  |                  | 0.66   |         |
| 10   | 8:06  |                  | 0.64   |         |
| 11   | 10:15 |                  | 0.61   |         |
| 12   | 8:31  |                  | 0.76   |         |
| 13   | 8:08  |                  | 0.45   | Running |
| 14   | 7:45  |                  | 0.45   | Running |
| 15   | 8:36  |                  | 0.65   |         |
| 16   | 7:58  |                  | 0.64   |         |
| 17   | 8:02  |                  | 0.45   | Running |
| 18   | 11:00 |                  | 0.58   |         |
| 19   | 11:20 |                  | 0.62   |         |
| 20   | 7:51  |                  | 0.66   |         |
| 21   | 7:57  |                  | 0.47   | Running |
| 22   | 8:07  |                  | 0.65   |         |
| 23   | 7:48  |                  | 0.47   | Running |
| 24   | 8:26  |                  | 0.48   | Running |
| 25   | 9:36  |                  | 0.43   | Running |
| 26   | 10:54 |                  | 0.63   |         |
| 27   | 11:02 |                  | 0.47   |         |
| 28   | 7:33  |                  | 0.69   |         |
| 29   | 8:03  |                  | 0.46   | Running |
| 30   | 7:56  |                  | 0.45   | 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.

**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: *K Shields*  
 Date: *10/4/21*

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

Lower Res.

PWS ID# 41 00510

Month/Year Sept/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    | 7:39  | SB 1   2/3       | 0.60   |         |
| 2    | 7:28  |                  | 0.60   |         |
| 3    | 7:39  |                  | 0.60   |         |
| 4    | 8:13  |                  | 0.58   |         |
| 5    | 8:10  |                  | 0.65   |         |
| 6    | 8:19  |                  | 0.62   |         |
| 7    | 7:52  |                  | 0.53   | Running |
| 8    | 7:14  |                  | 0.64   |         |
| 9    | 7:27  |                  | 0.64   |         |
| 10   | 7:19  |                  | 0.62   |         |
| 11   | 10:01 |                  | 0.61   |         |
| 12   | 8:13  |                  | 0.56   |         |
| 13   | 7:43  |                  | 0.61   | Running |
| 14   | 7:09  |                  | 0.65   |         |
| 15   | 7:29  |                  | 0.64   |         |
| 16   | 7:31  |                  | 0.59   |         |
| 17   | 7:46  |                  | 0.65   | Running |
| 18   | 11:00 |                  | 0.60   |         |
| 19   | 11:51 |                  | 0.64   |         |
| 20   | 7:34  |                  | 0.59   |         |
| 21   | 7:32  |                  | 0.64   |         |
| 22   | 7:52  |                  | 0.61   |         |
| 23   | 7:28  |                  | 0.64   |         |
| 24   | 8:10  |                  | 0.61   |         |
| 25   | 9:17  |                  | 0.65   | Running |
| 26   | 10:31 |                  | 0.63   |         |
| 27   | 8:04  |                  | 0.62   |         |
| 28   | 7:20  |                  | 0.60   |         |
| 29   | 7:39  |                  | 0.62   |         |
| 30   | 7:38  |                  | 0.64   | 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><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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p> |
|--|--|

Printed Name: Kirk Shields Title: Foreman Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131  
 Date: 10/14/21 Small Groundwater System