

**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/2022* 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	10:55	<i>SS 1/2/3</i>	0.46	
2	10:00		0.44	
3	7:43		0.55	
4	8:03		0.56	
5	7:56		0.54	
6	8:35		0.61	
7	7:59		0.42	
8	12:00		0.40	
9	12:00		0.45	
10	8:48		0.30	
11	8:02		0.43	
12	7:36		0.46	Running
13	8:12		0.70	Running
14	8:14		0.67	Just shut off
15	11:13		0.46	Running
16	11:04		0.47	Running
17	11:41		0.44	
18	10:02		0.45	
19	7:11		0.71	Just shut off
20	8:22		0.59	Run.
21	8:00		0.49	
22	7:02		0.46	
23	8:45		0.60	Run.
24	7:54		0.46	Running
25	8:32		0.76	Just shut off
26	8:19		0.46	Running
27	8:08		0.56	
28	8:20		0.51	
29	11:20		0.45	
30	10:26		0.60	
31	8:04		0.46	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: *21 21 22*

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
water Ave

PWS ID# 41 00510

Month/Year Jan/2022 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	10:50	SB 1/2/3	0.45	
2	9:58		0.44	
3	7:22		0.41	
4	7:29		0.50	
5	7:22		0.43	
6	8:19		0.49	
7	7:40		0.43	
8	12:30		0.45	
9	10:00		0.42	
10	8:18		0.30	
11	7:42		0.37	
12	7:18		0.30	
13	7:55		0.34	
14	7:54		0.33	
15	11:01		0.31	
16	10:45		0.42	
17	11:20		0.45	
18	9:50		0.38	
19	6:54		0.30	
20	8:11		0.41	
21	7:43		0.30	
22	10:52		0.39	
23	8:35		0.38	Running
24	7:40		0.35	
25	8:09		0.31	
26	7:53		0.38	
27	7:46		0.31	
28	8:12		0.36	
29	11:00		0.35	
30	10:42		0.36	
31	7:47		0.54	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

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Date continuous monitoring equipment failed:

1 1

Date it was returned to service:

1 1

Printed Name: Kirk Shields

Signature: *K. Shields*

Date: 21 21 22

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

East Maupin

PWS ID# 41 00510

Month/Year *Jan/2022* 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	<i>11:00</i>	<i>SB 1/2/3</i>	<i>0.37</i>	
2	<i>11:00</i>		<i>0.36</i>	
3	<i>8:14</i>		<i>0.38</i>	
4	<i>8:27</i>		<i>0.39</i>	
5	<i>8:29</i>		<i>0.36</i>	
6	<i>8:30</i>		<i>0.34</i>	
7	<i>8:34</i>		<i>0.34</i>	
8	<i>12:30</i>		<i>0.36</i>	
9	<i>11:00</i>		<i>0.33</i>	
10	<i>9:00</i>		<i>0.33</i>	
11	<i>8:22</i>		<i>0.36</i>	
12	<i>8:09</i>		<i>0.40</i>	
13	<i>8:57</i>		<i>0.40</i>	
14	<i>8:56</i>		<i>0.41</i>	
15	<i>11:26</i>		<i>0.41</i>	
16	<i>11:30</i>		<i>0.42</i>	
17	<i>11:58</i>		<i>0.38</i>	
18	<i>11:05</i>		<i>0.38</i>	
19	<i>7:37</i>		<i>0.44</i>	
20	<i>8:24</i>		<i>0.41</i>	
21	<i>8:38</i>		<i>0.41</i>	
22	<i>7:00</i>		<i>0.36</i>	
23	<i>8:45</i>		<i>0.40</i>	
24	<i>8:19</i>		<i>0.44</i>	
25	<i>9:19</i>		<i>0.45</i>	
26	<i>8:51</i>		<i>0.41</i>	
27	<i>8:22</i>		<i>0.42</i>	
28	<i>8:30</i>		<i>0.42</i>	
29	<i>10:30</i>		<i>0.45</i>	
30	<i>10:30</i>		<i>0.44</i>	
31	<i>8:38</i>		<i>0.44</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.

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 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: *2 12 122*

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

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