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

System Name City of Maupin | PWS ID# 41 00510

Month/Year Feb. 2022 | 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	8:00	SB 1/2/3	0.59	
2	7:59		0.52	Running
3	7:50		0.59	
4	7:45		0.63	
5	11:05		0.95	
6	11:00		0.66	
7	7:41		0.63	
8	7:46		0.53	Running
9	7:56		0.63	
10	8:00		0.46	Running
11	7:59		0.64	
12	11:08		0.65	
13	11:52		0.64	
14	7:27		0.65	
15	8:42		0.63	
16	7:34		0.64	
17	7:52		0.64	
18	7:47		0.65	
19	8:43		0.63	
20	8:00		0.66	
21	8:12		0.63	
22	8:05		0.57	
23	7:54		0.63	
24	7:55		0.65	
25	7:50		0.64	
26	10:29		0.62	
27	8:28		0.61	
28	7:41		0.45	Running
29				
30				
31				

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: 3/4/22

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. PWS ID# 41 00510

Month/Year Feb./2022 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	7:43	SB 1/2/3	0.33	
2	7:44		0.52	Running
3	7:35		0.38	
4	7:22		0.62	
5	11:15		0.59	
6	11:15		0.60	
7	7:25		0.37	
8	7:31		0.60	Running
9	7:40		0.39	
10	7:44		0.606	Running
11	7:43		0.38	
12	10:52		0.65	
13	11:35		0.37	
14	6:57		0.65	
15	8:31		0.57	
16	7:19		0.64	
17	7:34		0.41	
18	7:28		0.64	
19	8:34		0.54	
20	7:52		0.62	
21	8:05		0.41	
22	8:30		0.63	
23	7:38		0.44	
24	7:31		0.61	
25	7:35		0.41	
26	10:13		0.59	
27	9:21		0.60	
28	7:22		0.46	
29				
30				
31				

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

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

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Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Kirk Shields Title: Foreman

Signature: Kirk Shields Phone #: (541) 395-2684

Date: 3/4/22

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 Feb/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	8:21	SS 1/2/3	0.43	
2	8:19		0.45	
3	8:09		0.45	
4	8:06		0.44	
5	12:40		0.40	
6	12:35		0.41	
7	8:01		0.46	
8	8:20		0.48	
9	8:22		0.46	
10	8:28		0.44	
11	8:23		0.46	
12	11:20		0.41	
13	11:23		0.41	
14	8:05		0.39	
15	8:46		0.39	
16	8:05		0.40	
17	8:19		0.41	
18	8:12		0.36	
19	8:50		0.36	
20	8:15		0.39	
21	8:30		0.36	
22	8:45		0.44	
23	8:24		0.40	
24	8:18		0.43	
25	8:20		0.44	
26	10:30		0.41	
27	D:30		0.44	
28	8:05		0.38	
29				
30				
31				

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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Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Kirk Shields Title: Foreman

Signature: K. Shields Phone #: (541) 395-2684

Date: 3/4/22

Operator Certification #: OR D-29131

Small Groundwater System ☐