

**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 2012 Entry Point Water Ave Required Minimum Residual 0.50 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:30	SB1/2/3	0.49	
2	7:28		0.45	
3	7:38		0.53	
4	7:17		0.52	
5	7:35		0.61	Running
6	7:37		0.48	
7	9:15		0.61	
8	9:10		0.47	
9	8:04		0.59	
10	7:29		0.50	Running
11	7:52		0.48	
12	7:27		0.50	
13	7:35		0.40	
14	8:25		0.52	
15	8:07		0.54	
16	8:02		0.57	
17	7:19		0.47	
18	7:22		0.59	Running
19	7:10		0.61	Running
20	7:14		0.54	Running
21	10:52		0.57	
22	10:44		0.57	
23	8:34		0.49	
24	7:54		0.59	Running
25	7:58		0.50	
26	8:12		0.60	Running
27	8:02		0.53	
28	9:50		0.52	
29	10:20		0.48	
30	10:02		0.50	
31	7:15		0.50	

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 #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 5/31/12 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 *May 1/2022* 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	8:00	SB 1/2/3	0.45	
2	8:05		0.49	
3	8:18		0.44	
4	8:09		0.42	
5	8:12		0.41	
6	8:11		0.49	
7	9:50		0.54	
8	9:59		0.44	
9	8:27		0.42	
10	8:05		0.37	
11	8:27		0.35	
12	8:06		0.44	
13	8:30		0.37	
14	9:15		0.39	
15	8:30		0.37	
16	8:15		0.40	
17	7:59		0.36	
18	8:02		0.37	
19	7:53		0.45	
20	7:54		0.33	
21	8:00		0.35	
22	8:00		0.40	
23	8:59		0.36	
24	9:00		0.42	
25	8:15		0.37	
26	8:40		0.41	
27	8:25		0.40	
28	11:00		0.45	
29	11:25		0.40	
30	8:00		0.36	
31	8:10		0.33	

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* Title: *Foreman*
 Signature: *K. Shields* Phone #: *(541) 395-2684*
 Date: *5/31/22*

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**

*Springs Pump
House*

PWS ID# **41 00510**

Month/Year *May 2022* Entry Point

Required Minimum Residual *0.50* mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:50	<i>SB 1/2/3</i>	0.60	
2	7:46		0.61	
3	7:54		0.61	
4	7:33		0.62	
5	7:57		0.70	
6	7:50		0.59	
7	9:28		0.61	
8	9:31		0.59	
9	8:13		0.62	
10	7:44		0.43	<i>Running</i>
11	8:06		0.58	
12	7:44		0.56	
13	7:50		0.58	
14	8:36		0.56	
15	8:19		0.61	
16	8:21		0.59	
17	7:35		0.61	
18	7:43		0.43	<i>Running</i>
19	7:33		0.48	<i>Running</i>
20	7:31		0.43	<i>Running</i>
21	10:14		0.07	<i>Running</i>
22	10:48		0.52	
23	8:17		0.48	
24	8:46		0.51	
25	8:12		0.59	
26	8:26		0.44	<i>Range</i>
27	8:13		0.43	
28	10:05		0.52	
29	10:42		0.50	
30	10:12		0.51	
31	7:33		0.45	

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:

1 1
Date it was returned to service:

1 1

Printed Name: *Kirk Shields*

Signature: *K. Shields*

Date: *9/31/22*

Title: *Foreman*

Phone #: *(541) 395-2684*

Operator Certification #:

OR *D-09131*

Small Groundwater System