

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

System Name City of Maupin Springs Pump
 Month/Year June/2020 Entry Point House

PWS ID# 41 00510

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	7:44	SB 1/2/3	0.44	Running
2	7:36		0.62	
3	7:43		0.65	
4	9:08		0.60	
5	9:41		0.63	
6	7:30		0.71	
7	7:44		0.59	
8	7:56		0.70	
9	7:25		0.45	Running
10	8:54		0.56	
11	8:58		0.49	
12	8:51		0.31	
13	7:11		0.32	
14	7:41		0.46	Running
15	7:58		0.44	
16	7:54		0.48	
17	7:43		0.53	
18	11:27		0.44	
19	11:10		0.51	
20	9:12		0.65	
21	7:11		0.50	
22	7:39		0.60	
23	7:35		0.46	Running
24	8:04		0.63	
25	10:23		0.60	
26	12:00		0.58	
27	7:43		0.55	
28	7:35		0.44	Running
29	7:33		0.40	Running
30	7:44		0.41	Running
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.

<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>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>
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Printed Name: Kirk Shields Title: foreman Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 7/5/22 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 June/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	7:29	SB 1/2/3	0.61	Running
2	7:15		0.58	
3	7:27		0.48	
4	8:47		0.57	
5	9:26		0.61	
6	7:07		0.47	
7	7:26		0.58	
8	7:20		0.51	Running
9	7:01		0.44	
10	8:44		0.46	
11	8:49		0.41	
12	8:40		0.53	
13	6:53		0.38	
14	7:25		0.36	
15	7:40		0.41	
16	7:37		0.48	
17	7:17		0.52	
18	11:54		0.52	
19	11:04		0.49	
20	8:57		0.49	
21	6:57		0.45	
22	7:14		0.59	
23	7:17		0.60	Running
24	7:44		0.56	
25	11:00		12.48	
26	12:00		0.52	
27	7:28		0.55	
28	7:15		0.55	
29	7:16		0.55	
30	7:27		0.55	
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.

<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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Kirk Shields Title: fore man Operator Certification #: OR D-09131
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System
 Date: 7/5/22

**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 *June/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	8:23	<i>SB 1/2/3</i>	<i>0.34</i>	
2	8:00		<i>0.33</i>	
3	8:10		<i>0.35</i>	
4	9:30		<i>0.33</i>	
5	10:00		<i>0.33</i>	
6	7:50		<i>0.40</i>	
7	8:13		<i>0.32</i>	
8	8:19		<i>0.32</i>	
9	7:50		<i>0.33</i>	
10	<i>9:05</i>		<i>0.31</i>	
11	<i>7:00</i>		<i>0.38</i>	
12	<i>9:00</i>		<i>0.31</i>	
13	<i>7:30</i>		<i>0.31</i>	
14	<i>8:15</i>		<i>0.31</i>	
15	<i>8:30</i>		<i>0.31</i>	
16	<i>8:23</i>		<i>0.30</i>	
17	<i>8:07</i>		<i>0.40</i>	
18	<i>11:30</i>		<i>0.38</i>	
19	<i>11:45</i>		<i>0.35</i>	
20	<i>12:30</i>		<i>0.37</i>	
21	<i>7:30</i>		<i>0.40</i>	
22	<i>8:22</i>		<i>0.32</i>	
23	<i>8:18</i>		<i>0.31</i>	
24	<i>8:35</i>		<i>0.33</i>	
25	<i>11:30</i>		<i>0.35</i>	
26	<i>12:15</i>		<i>0.37</i>	
27	<i>8:02</i>		<i>0.40</i>	
28	<i>7:58</i>		<i>0.40</i>	
29	<i>7:54</i>		<i>0.38</i>	
30	<i>8:19</i>		<i>0.37</i>	
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:

1 1
Date it was returned to service:

1 1

Printed Name: *Kirk Shrelds*
 Signature: *K Shrelds*
 Date: *7/5/22*

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

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