

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year Aug/2022 Entry Point

East Maupin

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	7:47	55 1/2/3	0.33	
2	7:57		0.41	
3	8:23		0.39	
4	9:00		0.35	
5	8:55		0.36	
6	8:30		0.38	
7	9:30		0.34	
8	9:00		0.35	
9	8:03		0.37	
10	8:56		0.37	
11	8:47		0.35	
12	8:40		0.40	
13	9:20		0.39	
14	10:30		0.39	
15	8:15		0.36	
16	7:47		0.33	
17	7:52		0.33	
18	8:30		0.33	
19	8:00		0.32	
20	7:00		0.34	
21	12:30		0.36	
22	8:49		0.32	
23	7:41		0.34	
24	8:11		0.32	
25	8:21		0.32	
26	8:37		0.31	
27	9:30		0.31	
28	11:30		0.32	
29	8:01		0.31	
30	8:22		0.34	
31	8:38		0.35	

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>
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Printed Name: Kirk Shields Title: foreman Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 7/1/22 Small Groundwater System

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

System Name City of Maupin Water Ave PWS ID# 41 00510
 Month/Year Aug. / 2022 Entry Point: Lower Res. 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	7:05	SB 1/2/3	0.56	Running
2	7:12		0.57	Running
3	7:30		0.55	
4	8:15		0.55	Running
5	7:39		0.58	Running
6	8:40		0.56	
7	8:53		0.55	
8	8:22		0.56	
9	7:20		0.55	
10	7:26		0.55	
11	7:31		0.50	
12	7:44		0.48	
13	9:06		0.53	Running
14	10:17		0.52	Running
15	7:57		0.56	Running
16	7:00		0.51	Running
17	7:07		0.51	
18	7:30		0.55	Running
19	7:13		0.50	
20	12:50		0.49	
21	11:00		0.43	
22	7:38		0.57	Running
23	7:00		0.56	Running
24	7:18		0.55	
25	7:30		0.57	
26	7:39		0.52	
27	9:00		0.55	Running
28	11:10		0.50	
29	7:22		0.58	Running
30	7:24		0.57	
31	7:40		0.57	

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: fore man Operator Certification #: _____
 Signature: K. Shields Phone #: (541) 395-2684 OR D-09131
 Date: 9/7/22 Small Groundwater System

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year Aug/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	7:25	SB 1/2/3	0.35	Running
2	7:27		0.41	Running
3	7:49		0.57	
4	8:42		0.42	Running
5	8:03		0.39	Running
6	8:47		0.41	
7	9:00		0.38	
8	8:39		0.42	Running
9	7:47		0.59	
10	7:51		0.54	
11	7:47		0.53	
12	8:06		0.37	Running
13	9:25		0.47	Running
14	10:27		0.46	
15	8:05		0.40	
16	7:18		0.42	Running
17	7:26		0.54	
18	7:48		0.38	Running
19	7:35		0.51	
20	12:00		0.35	Running
21	11:30		0.55	
22	8:04		0.43	Running
23	7:19		0.39	Running
24	7:45		0.59	
25	7:48		0.56	
26	8:12		0.60	
27	9:11		0.59	
28	11:22		0.56	
29	7:36		0.44	Running
30	7:52		0.64	
31	7:59		0.65	

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
 Date continuous monitoring equipment failed: / /
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Date it was returned to service: / /
 Attach grab sample results and submit them with this form.

Printed Name: Kirk Shields Title: Foreman Operator Certification #: OR D-09131
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System
 Date: 9/17/22