

**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 **Nov/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	8:03	SB 1/2/3	0.40	
2	7:21		0.51	
3	7:40		0.53	
4	7:51		0.38	
5	9:00		0.47	
6	10:50		0.42	
7	8:32		0.40	
8	8:57		0.38	
9	8:05		0.47	Running
10	9:30		0.49	
11	11:00		0.45	
12	10:35		0.50	
13	12:00		0.51	
14	8:30		0.46	
15	7:01		0.39	
16	7:30		0.52	
17	8:10		0.40	
18	7:13		0.53	
19	9:21		0.38	
20	8:55		0.38	
21	8:47		0.54	
22	8:39		0.43	
23	7:32		0.46	
24	9:03		0.40	
25	8:52		0.53	
26	8:45		0.46	
27	8:43		0.38	
28	7:17		0.57	
29	7:44		0.39	
30	7:32		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.

**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: **12/17/22**

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 Springs Pump** PWS ID# **41 00510**  
 Month/Year **Nov/2022** Entry Point **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	8:23	SB 1/2/3	0.52	
2	7:50		0.51	
3	8:05		0.53	
4	8:11		0.52	
5	9:02		0.50	
6	10:55		0.54	
7	8:32		0.50	
8	7:19		0.53	
9	9:40		0.48	
10	9:22		0.56	
11	12:00		0.50	
12	10:49		0.54	
13	12:00		0.42	
14	8:50		0.45	
15	7:17		0.50	
16	8:18		0.47	
17	8:28		0.51	
18	7:37		0.51	
19	9:34		0.52	
20	9:04		0.50	
21	8:56		0.54	
22	8:57		0.51	
23	8:09		0.53	
24	9:10		0.52	
25	9:02		0.50	
26	8:52		0.51	
27	8:51		0.53	
28	7:36		0.51	
29	8:11		0.52	
30	7:52		0.53	
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>	

Printed Name: Kirk Shields Title: foreman Operator Certification #: D-09131  
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System   
 Date: 12/7/22

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

System Name **City of Maupin**

PWS ID# **41 00510**

Month/Year **Nov/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	8:30	5B 1/2/3	0.39		
2	8:15		0.40		
3	8:43		0.39		
4	8:41		0.38		
5					
6					
7	8:30			0.36	
8	9:15			0.39	
9					
10	9:00			0.37	
11					
12					
13					
14	8:50			0.40	
15	7:43			0.31	
16	8:44			0.46	
17	8:53			0.44	
18	8:08			0.39	
19	10:08			0.41	
20	9:05			0.38	
21	9:30			0.40	
22	9:05			0.36	
23	8:36			0.46	
24	9:20			0.41	
25	9:05			0.39	
26	9:10			0.43	
27	9:15			0.46	
28	8:20			0.43	
29	8:30			0.40	
30	8:40			0.39	

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: **12/7/22**

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

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