

**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 Dec/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	8:20	SJS 1/2/3	0.54	
2	8:30		0.52	Rung
3	8:57		0.54	
4	10:53		0.53	
5	8:43		0.52	
6	7:55		0.46	
7	8:20		0.51	
8	9:09		0.30	
9	7:56		0.40	
10	12:30		0.48	
11	1:30		0.38	
12	8:32		0.51	
13	7:30		0.41	
14	7:35		0.50	
15	7:24		0.47	
16	7:45		0.40	
17	9:23		0.54	
18	11:56		0.46	
19	7:33		0.51	
20	7:23		0.39	
21	7:54		0.41	
22	7:52		0.52	
23	8:08		0.40	
24	8:45		0.51	
25	2:00		0.46	
26	9:52		0.53	
27	7:45		0.42	
28	7:47		0.50	
29	7:56		0.40	
30	7:20		0.48	
31	10:09		0.41	

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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Kirk Shields Title: foreman Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 11/31/2023 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 Dec./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	8:32	SB 1/2/3	0.39	
2	8:45		0.39	
3	8:50		0.37	
4	8:38		0.30	
5	9:35		0.35	
6	9:45		0.32	
7	8:50		0.32	
8	9:34		0.38	
9	8:25		0.42	
10	11:00		0.40	
11	10:42		0.36	
12	8:47		0.34	
13	8:30		0.39	
14	8:13		0.38	
15	8:11		0.40	
16	8:35		0.40	
17	9:45		0.39	
18	12:35		0.40	
19	8:16		0.42	
20	8:10		0.39	
21	8:15		0.44	
22	8:37		0.44	
23	9:00		0.36	
24	8:15		0.32	
25	8:03		0.34	
26	7:58		0.38	
27	9:00		0.41	
28	8:32		0.42	
29	8:57		0.42	
30	8:29		0.42	
31	10:20		0.41	

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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Kirk Shields Title: Foreman Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 11312023 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 *Dec. / 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	8:30	<i>SB 1/2/3</i>	0.53	
2	8:40		0.57	<i>Run</i>
3	9:04		0.53	
4	11:02		0.54	
5	9:04		0.33	<i>Running</i>
6	9:38		0.31	
7	8:30		0.49	
8	9:21		0.48	
9	8:07		0.52	
10	11:40		0.48	
11	8:40		0.47	
12	8:40		0.46	
13	7:53		0.48	
14	7:54		0.44	<i>Running</i>
15	7:41		0.49	
16	8:07		0.49	
17	9:33		0.57	
18	12:25		0.48	
19	7:55		0.53	
20	7:46		0.52	
21	8:12		0.52	
22	8:26		0.52	
23	8:31		0.50	
24	8:54		0.51	
25			0.30	
26	10:04		0.52	
27	8:08		0.53	
28	8:08		0.52	
29	8:25		0.48	
30	7:43		0.46	
31	10:15		0.47	

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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: *Kirk Shields* Title: *foreman* Operator Certification #: _____
 Signature: *K. Shields* Phone #: *(541) 395-2684* OR *D-09131*
 Date: *11/31/2023* Small Groundwater System