

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year April/2023 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	12:00	SB 1-2-3	0.42	
2	1:00		0.48	
3	7:24		0.44	Running
4	7:41		0.49	
5	7:30		0.52	
6	7:38		0.49	
7	7:48		0.52	
8	8:58		0.49	
9	9:52		0.52	
10	7:29		0.48	
11	7:31		0.52	
12	7:18		0.50	
13	7:20		0.51	
14	7:23		0.51	
15	8:45		0.51	
16	8:51		0.54	
17	7:30		0.51	
18	7:12		0.47	
19	8:59		0.52	
20	7:13		0.50	
21	8:54		0.51	
22	7:11		0.50	
23	7:21		0.48	
24	7:26		0.58	
25	7:22		0.52	
26	7:22		0.52	
27	7:49		0.43	Running
28	7:37		0.53	
29	12:00		0.48	
30	11:12		0.49	

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>	

Printed Name: Kirk Stapleton Title: _____
 Signature: _____ Phone #: () _____
 Date: 9/10/23

Operator Certification #: D109131
 OR
 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 April/2003 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	12:00	SB 1/2/3	0.47	
2	12:00		0.51	
3	7:09		0.41	
4	7:23		0.41	
5	7:09		0.50	
6	7:18		0.39	
7	7:32		0.49	
8	8:45		0.35	
9	9:35		0.50	
10	7:15		0.40	
11	7:06		0.53	
12	7:00		0.40	
13	7:02		0.37	
14	7:08		0.45	
15	8:37		0.39	
16	8:43		0.52	
17	7:13		0.40	
18	6:55		0.51	
19	8:49		0.42	
20	7:00		0.51	
21	8:44		0.48	
22	7:05		0.41	
23	11:01		0.49	
24	7:08		0.52	
25	7:11		0.43	
26	7:08		0.48	
27	7:32		0.34	
28	7:18		0.42	
29	12:00		0.40	
30	11:00		0.44	
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: _____ / _____ / _____
 Date it was returned to service: _____ / _____ / _____

Printed Name: Kirk Shields Title: Foreman
 Signature: [Signature] Phone #: (541) 395-2684
 Date: 5/11/03

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 East Maupin
 Month/Year April / 2023 Entry Point:

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	12:00	SB 1-2-3	0.37	
2	12:00		0.40	
3	7:47		0.39	
4	8:03		0.38	
5	7:54		0.37	
6	8:22		0.41	
7	8:08		0.43	
8	9:10		0.43	
9	10:12		0.43	
10	7:47		0.42	
11	7:55		0.44	
12	7:47		0.41	
13	7:38		0.38	
14	7:55		0.43	
15	8:35		0.42	
16	8:55		0.41	
17	7:50		0.36	
18	7:29		0.37	
19	9:03		0.39	
20	7:30		0.38	
21	9:00		0.38	
22	7:20		0.39	
23	11:05		0.37	
24	7:40		0.39	
25	7:48		0.40	
26	7:42		0.39	
27	8:15		0.40	
28	8:12		0.38	
29	12:00		0.38	
30	12:00		0.38	
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>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: Kyle Stewart Title: Operator
 Signature: _____ Phone #: 503 2698
 Date: 5/10/23 Operator Certification #: 12-09131
 OR
 Small Groundwater System