

**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 May/2023 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    | 8:19  | SB 1-2-3         | 0.37   |       |
| 2    | 7:45  |                  | 0.39   |       |
| 3    | 8:00  |                  | 0.38   |       |
| 4    | 8:00  |                  | 0.38   |       |
| 5    | 7:59  |                  | 0.45   |       |
| 6    | 8:10  |                  | 0.48   |       |
| 7    | 8:45  |                  | 0.40   |       |
| 8    | 7:53  |                  | 0.36   |       |
| 9    | 8:10  |                  | 0.50   |       |
| 10   | 8:53  |                  | 0.39   |       |
| 11   | 7:58  |                  | 0.41   |       |
| 12   | 8:21  |                  | 0.36   |       |
| 13   | 9:30  |                  | 0.32   |       |
| 14   | 7:56  |                  | 0.35   |       |
| 15   | 9:00  |                  | 0.41   |       |
| 16   | 7:13  |                  | 0.35   |       |
| 17   | 7:31  |                  | 0.30   |       |
| 18   | 7:40  |                  | 0.38   |       |
| 19   | 7:30  |                  | 0.33   |       |
| 20   | 8:30  |                  | 0.32   |       |
| 21   | 8:55  |                  | 0.37   |       |
| 22   | 8:19  |                  | 0.32   |       |
| 23   | 7:41  |                  | 0.34   |       |
| 24   | 7:46  |                  | 0.37   |       |
| 25   | 7:34  |                  | 0.37   |       |
| 26   | 8:02  |                  | 0.37   |       |
| 27   | 10:35 |                  | 0.33   |       |
| 28   | 11:30 |                  | 0.35   |       |
| 29   | 10:35 |                  | 0.37   |       |
| 30   | 9:45  |                  | 0.40   |       |
| 31   | 7:50  |                  | 0.42   |       |

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><i>Attach those results and submit them with this form.</i></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><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: Wendy Skellern Title: owner Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (541) 352-2638 OR  
 Date: 6/18/23 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 May/2023 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    | 7:22  | SB 1-2-3         | 0.44   |         |
| 2    | 7:09  |                  | 0.44   |         |
| 3    | 7:03  |                  | 0.51   |         |
| 4    | 7:10  |                  | 0.53   |         |
| 5    | 7:22  |                  | 0.52   |         |
| 6    | 7:34  |                  | 0.39   |         |
| 7    | 8:00  |                  | 0.42   |         |
| 8    | 7:07  |                  | 0.46   |         |
| 9    | 7:31  |                  | 0.52   |         |
| 10   | 7:14  |                  | 0.40   |         |
| 11   | 7:14  |                  | 0.41   |         |
| 12   | 7:32  |                  | 0.41   |         |
| 13   | 7:43  |                  | 0.51   |         |
| 14   | 9:14  |                  | 0.52   |         |
| 15   | 7:11  |                  | 0.52   |         |
| 16   | 6:39  |                  | 0.52   |         |
| 17   | 7:02  |                  | 0.50   |         |
| 18   | 7:04  |                  | 0.45   |         |
| 19   | 6:51  |                  | 0.45   |         |
| 20   | 8:17  |                  | 0.46   |         |
| 21   | 8:40  |                  | 0.36   |         |
| 22   | 7:30  |                  | 0.54   | Running |
| 23   | 7:56  |                  | 0.51   |         |
| 24   | 7:02  |                  | 0.52   |         |
| 25   | 6:52  |                  | 0.54   | Running |
| 26   | 6:56  |                  | 0.47   |         |
| 27   | 7:35  |                  | 0.48   |         |
| 28   | 12:00 |                  | 0.44   |         |
| 29   | 10:00 |                  | 0.36   |         |
| 30   | 7:45  |                  | 0.38   |         |
| 31   | 6:57  |                  | 0.53   | Running |

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 checked="" 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 checked="" 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 checked="" 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 Shields Title: Foreman Operator Certification #: D-289131  
 Signature: \_\_\_\_\_ Phone #: (541) 399-2698 OR   
 Date: 6/18/23 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 *May 2023* 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    | 7:44  | <i>SB 1-2-3</i>  | 0.37   | <i>Running</i> |
| 2    | 7:26  |                  | 0.61   |                |
| 3    | 7:39  |                  | 0.52   |                |
| 4    | 7:26  |                  | 0.54   |                |
| 5    | 7:40  |                  | 0.54   |                |
| 6    | 7:48  |                  | 0.50   |                |
| 7    | 8:15  |                  | 0.52   |                |
| 8    | 7:32  |                  | 0.46   | <i>Running</i> |
| 9    | 7:47  |                  | 0.55   |                |
| 10   | 7:35  |                  | 0.54   |                |
| 11   | 7:38  |                  | 0.52   |                |
| 12   | 7:36  |                  | 0.54   |                |
| 13   | 7:54  |                  | 0.52   |                |
| 14   | 9:05  |                  | 0.54   |                |
| 15   | 7:27  |                  | 0.39   | <i>Running</i> |
| 16   | 6:52  |                  | 0.49   |                |
| 17   | 7:18  |                  | 0.50   |                |
| 18   | 7:24  |                  | 0.56   |                |
| 19   | 7:04  |                  | 0.51   |                |
| 20   | 8:56  |                  | 0.55   |                |
| 21   | 8:49  |                  | 0.51   |                |
| 22   | 7:57  |                  | 0.41   | <i>Running</i> |
| 23   | 7:21  |                  | 0.53   |                |
| 24   | 7:24  |                  | 0.41   | <i>Running</i> |
| 25   | 7:09  |                  | 0.42   | <i>Running</i> |
| 26   | 7:36  |                  | 0.47   |                |
| 27   | 10:20 |                  | 0.45   |                |
| 28   | 1:08  |                  | 0.48   |                |
| 29   | 10:25 |                  | 0.40   |                |
| 30   | 9:25  |                  | 0.44   |                |
| 31   | 7:20  |                  | 0.39   | <i>Running</i> |

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><i>Attach those results and submit them with this form.</i></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><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 Stueland* Title: *Operator* Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: *(541) 395 2098* OR  
 Date: *6/18/23* Small Groundwater System