

**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 *June 2013* 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    | 7:58  | <i>SB 1-2-3</i>  | <i>0.33</i>  |       |
| 2    | 7:55  |                  | <i>0.40</i>  |       |
| 3    | 9:05  |                  | <i>0.33</i>  |       |
| 4    | 11:01 |                  | <i>0.34</i>  |       |
| 5    | 9:00  |                  | <i>0.32</i>  |       |
| 6    | 7:30  |                  | <i>0.40</i>  |       |
| 7    | 7:54  |                  | <i>0.34</i>  |       |
| 8    | 7:15  |                  | <i>0.37</i>  |       |
| 9    | 7:53  |                  | <i>0.38</i>  |       |
| 10   | 7:00  |                  | <i>0.35</i>  |       |
| 11   | 8:00  |                  | <i>0.37</i>  |       |
| 12   | 8:30  |                  | <i>0.44</i>  |       |
| 13   | 8:20  |                  | <i>0.38</i>  |       |
| 14   | 8:15  |                  | <i>0.38</i>  |       |
| 15   | 7:36  |                  | <i>0.38</i>  |       |
| 16   | 7:34  |                  | <i>0.40</i>  |       |
| 17   | 11:00 |                  | <i>0.36</i>  |       |
| 18   | 12:08 |                  | <i>0.40</i>  |       |
| 19   | 11:15 |                  | <i>0.30</i>  |       |
| 20   | 7:17  |                  | <i>0.38</i>  |       |
| 21   | 7:57  |                  | <i>0.37</i>  |       |
| 22   | 7:55  |                  | <i>0.36</i>  |       |
| 23   | 7:56  |                  | <i>0.40</i>  |       |
| 24   | 10:00 |                  | <i>0.39</i>  |       |
| 25   | 10:00 |                  | <i>0.40</i>  |       |
| 26   | 7:45  |                  | <i>0.39</i>  |       |
| 27   | 6:45  |                  | <i>0.45</i>  |       |
| 28   | 7:52  |                  | <i>0.43</i>  |       |
| 29   | 7:33  |                  | <i>0.39</i>  |       |
| 30   | 7:34  |                  | <i>0.37</i>  |       |
| 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><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: *Kurt Stuydals* Title: *Foreman* Operator Certification #: \_\_\_\_\_  
 Signature: *[Signature]* Phone #: *503 2698* OR  
 Date: *6/30/13* 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 June/2023 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    | 7:34  | SB 1-2-3         | 0.45   | Running |
| 2    | 7:35  |                  | 0.41   | Running |
| 3    | 8:52  |                  | 0.52   |         |
| 4    | 10:49 |                  | 0.55   |         |
| 5    | 7:57  |                  | 0.53   |         |
| 6    | 7:07  |                  | 0.39   | Running |
| 7    | 7:33  |                  | 0.55   |         |
| 8    | 6:56  |                  | 0.41   | Running |
| 9    | 7:14  |                  | 0.44   | Running |
| 10   | 8:53  |                  | 0.49   |         |
| 11   | 8:02  |                  | 0.50   |         |
| 12   | 8:05  |                  | 0.38   | Running |
| 13   | 8:12  |                  | 0.41   | Running |
| 14   | 7:48  |                  | 0.41   |         |
| 15   | 7:16  |                  | 0.43   | Running |
| 16   | 7:12  |                  | 0.42   | Running |
| 17   | 11:37 |                  | 0.52   |         |
| 18   | 11:5  |                  | 0.50   |         |
| 19   | 12:35 |                  | 0.54   |         |
| 20   | 6:56  |                  | 0.39   | Running |
| 21   | 7:20  |                  | 0.45   | Running |
| 22   | 7:30  |                  | 0.43   | Running |
| 23   | 7:25  |                  | 0.58   |         |
| 24   | 10:51 |                  | 0.45   |         |
| 25   | 10:49 |                  | 0.49   |         |
| 26   | 7:19  |                  | 0.58   |         |
| 27   | 7:30  |                  | 0.43   | Running |
| 28   | 7:29  |                  | 0.45   | Running |
| 29   | 7:10  |                  | 0.44   | Running |
| 30   | 6:50  |                  | 0.60   |         |
| 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 Studds Title: Foreman Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (411) 365-2648 OR  
 Date: 6/30/23 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 June 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    | 7:10  | SB 1-2-3         | 0.57   |         |
| 2    | 7:02  |                  | 0.54   | Running |
| 3    | 8:23  |                  | 0.50   |         |
| 4    | 10:37 |                  | 0.50   |         |
| 5    | 7:40  |                  | 0.52   |         |
| 6    | 6:48  |                  | 0.51   |         |
| 7    | 7:05  |                  | 0.52   |         |
| 8    | 6:37  |                  | 0.57   |         |
| 9    | 6:50  |                  | 0.49   |         |
| 10   | 8:41  |                  | 0.52   |         |
| 11   | 7:10  |                  | 0.50   |         |
| 12   | 7:59  |                  | 0.42   |         |
| 13   | 8:02  |                  | 0.51   |         |
| 14   | 7:30  |                  | 0.52   |         |
| 15   | 6:53  |                  | 0.57   | Running |
| 16   | 6:56  |                  | 0.57   | Running |
| 17   | 11:09 |                  | 0.48   |         |
| 18   | 11:35 |                  | 0.52   |         |
| 19   | 12:45 |                  | 0.54   |         |
| 20   | 6:38  |                  | 0.53   | Running |
| 21   | 6:53  |                  | 0.53   |         |
| 22   | 7:12  |                  | 0.54   |         |
| 23   | 7:02  |                  | 0.54   |         |
| 24   | 10:47 |                  | 0.52   |         |
| 25   | 10:41 |                  | 0.53   |         |
| 26   | 6:48  |                  | 0.55   |         |
| 27   | 7:08  |                  | 0.57   | Running |
| 28   | 7:04  |                  | 0.55   |         |
| 29   | 6:38  |                  | 0.55   | Running |
| 30   | 6:29  |                  | 0.48   |         |
| 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><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 Shields Title: Foreman Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 541 395 2698 OR  
 Date: 6/30/23 Small Groundwater System