

**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 July/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	7:30	SB 1-2-3	0.39	
2	8:40		0.39	
3	7:45		0.37	
4	7:50		0.38	
5	8:14		0.35	
6	8:15		0.37	
7	8:37		0.40	
8	8:26		0.39	
9	8:45		0.33	
10	7:50		0.41	
11	7:45		0.45	
12	7:59		0.40	
13	8:00		0.36	
14	8:26		0.34	
15	10:14		0.35	
16	10:15		0.34	
17	8:28		0.37	
18	8:04		0.37	
19	8:25		0.36	
20	8:05		0.37	
21	7:40		0.33	
22	8:30		0.35	
23	1:30		0.38	
24	8:01		0.35	
25	8:09		0.40	
26	7:40		0.42	
27	7:09		0.41	
28	7:25		0.43	
29	7:45		0.39	
30	8:00		0.42	
31	7:30		0.45	

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>
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Printed Name: Kirk Shields Title: Foreman Operator Certification #: D-0913
 Signature: _____ Phone #: (540) 777 7872 OR
 Date: 8/2/23 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 July/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	6:51	SB 1/2/3	0.47	
2	8:08		0.52	
3	6:50		0.57	
4	7:27		0.55	
5	7:29		0.55	Running
6	7:19		0.55	Running
7	7:36		0.50	Running
8	7:52		0.53	Running
9	8:44		0.56	
10	6:56		0.53	
11	8:05		0.54	
12	7:12		0.52	
13	7:07		0.47	Running
14	7:27		0.54	Running
15	10:41		0.49	
16	11:22		0.52	
17	7:11		0.56	Running
18	7:16		0.58	Running
19	7:31		0.59	Running
20	7:01		0.56	Running
21	7:07		0.56	Running
22	8:32		0.50	
23	11:30		0.58	Reading
24	7:18		0.53	
25	7:16		0.60	Running
26	6:58		0.53	
27	6:37		0.54	Running
28	6:35		0.54	
29	7:15		0.52	
30	7:05		0.57	Running
31	6:39		0.58	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>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 checked="" 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 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: Kirk Shields Title: Foreman Operator Certification #: OR D-09131
 Signature: *K. Shields* Phone #: (541) 395-2684 Small Groundwater System
 Date: 8/21/23

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year July/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	7:06	SB 1-2-3	0.54	
2	8:27		0.55	
3	7:13		0.41	Running
4	7:37		0.54	
5	7:45		0.45	
6	7:34		0.42	Running
7	7:56		0.42	Running
8	8:02		0.42	Running
9	8:24		0.47	Running
10	7:27		0.42	Running
11	8:26		0.55	
12	7:29		0.64	
13	7:37		0.37	
14	7:58		0.41	Running
15	10:53		0.42	
16	10:15		0.47	
17	7:35		0.45	Running
18	7:34		0.44	Running
19	7:54		0.63	
20	7:33		0.41	Running
21	7:24		0.55	
22	8:17		0.46	Running
23	7:48		0.42	Running
24	7:36		0.57	
25	7:46		0.45	Running
26	7:22		0.56	
27	6:52		0.43	Running
28	7:03		0.64	
29	7:31		0.42	Running
30	7:40		0.44	Running
31	6:59		0.42	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>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: Kurt Shields Title: Foreman Operator Certification #: D-09131
 Signature: [Signature] Phone #: 541-777-7872 OR
 Date: 8/21/23 Small Groundwater System