

**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 Aug 1 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	7:15	5B 1/2/3	0.56	
2	7:05		0.55	
3	7:00		0.54	
4	7:15		0.54	
5	8:35		0.53	
6	9:42		0.55	
7	7:22		0.56	Running
8	7:35		0.54	
9	7:09		0.57	
10	7:24		0.55	
11	6:50		0.54	
12	10:45		0.53	
13	11:05		0.54	
14	7:06		0.56	
15	7:10		0.54	
16	7:14		0.55	Running
17	6:42		0.57	Running
18	7:03		0.55	
19	9:00		0.54	
20	11:00		0.55	
21	7:08		0.58	Running
22	6:39		0.55	
23	7:09		0.54	
24	7:03		0.55	Running
25	6:53		0.54	
26	7:14		0.53	
27	6:20		0.55	
28	7:04		0.58	
29	6:45		0.52	
30	6:55		0.55	
31	7:30		0.52	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 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>
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Printed Name: Kirk Shields Title: foreman Operator Certification #: \_\_\_\_\_  
 Signature: K Shields Phone #: (541) 395-2684 OR D-09131  
 Date: 9/18/23 Small Groundwater System

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

System Name City of Maupin Springs Pump PWS ID# 41 00510  
 Month/Year Aug 1 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	7:30	SB 1-2-3	0.40	Running
2	7:34		0.55	
3	7:18		0.41	Running
4	7:44		0.58	
5	8:42		0.51	
6	9:32		0.54	
7	7:40		0.44	Running
8	7:47		0.55	
9	7:38		0.53	
10	7:46		0.56	
11	7:08		0.40	Running
12	10:51		0.53	
13	11:00		0.42	
14	7:30		0.42	Running
15	7:27		0.42	Running
16	7:34		0.46	Running
17	7:16		0.43	Running
18	7:28		0.62	
19	9:30		0.60	
20	11:15		0.58	
21	7:29		0.42	Running
22	7:27		0.58	
23	7:30		0.56	
24	7:27		0.44	Running
25	7:13		0.56	
26	7:28		0.58	
27	6:38		0.56	
28	7:26		0.60	
29	7:07		0.57	
30	7:28		0.43	Running
31	7:46		0.43	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 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>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: ( ) _____	OR
Date: <u>9/18/23</u>		Small Groundwater System <input type="checkbox"/>

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

System Name City of Maupin

PWS ID# 4 1 00510

Month/Year Aug/2023 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	7:55	SB 1-2-3	0.41	
2	8:00		0.42	
3	7:50		0.42	
4	8:10		0.39	
5	8:30		0.40	
6	9:30		0.41	
7	8:04		0.41	
8	8:10		0.40	
9	8:00		0.37	
10	8:13		0.37	
11	7:30		0.44	
12	11:00		0.29	
13	11:00		0.44	
14	7:50		0.35	
15	8:00		0.49	
16	7:55		0.42	
17	7:55		0.43	
18	7:48		0.35	
19	8:05		0.36	
20	8:00		0.38	
21	8:05		0.36	
22	7:50		0.42	
23	8:06		0.46	
24	7:47		0.45	
25	7:40		0.41	
26	8:00		0.46	
27	6:58		0.45	
28	8:12		0.57	
29	7:27		0.41	
30	7:58		0.41	
31	8:28		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><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>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: ( ) _____	OR
Date: <u>9/1/23</u>		Small Groundwater System <input type="checkbox"/>