

**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 Sept./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	7:01	SB 1/2/3	0.56	Running
2	9:08		0.57	
3	8:57		0.53	
4	8:55		0.57	
5	7:05		0.55	
6	7:01		0.57	
7	7:12		0.55	
8	7:01		0.44	
9	9:12		0.49	
10	9:00		0.53	
11	7:15		0.53	
12	7:33		0.55	
13	7:18		0.55	
14	7:17		0.56	Running
15	6:59		0.52	
16	2:30		0.50	
17	7:00		0.52	
18	6:28		0.49	
19	7:12		0.53	Running
20	6:56		0.53	
21	7:15		0.60	
22	7:01		0.54	
23	7:37		0.56	
24	7:39		0.53	
25	7:15		0.49	Running
26	7:25		0.41	
27	7:11		0.50	
28	7:27		0.52	
29	7:19		0.56	
30	10:15		0.51	

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 #: _____
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131
 Date: 10/19/23 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 Sept, 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	7:55	SB 1-2-3	0.46	
2	8:20		0.41	
3	8:45		0.44	
4	9:30		0.45	
5	8:08		0.49	
6	8:00		0.49	
7	8:17		0.46	
8	7:55		0.41	
9	7:47		0.39	
10	7:40		0.41	
11	7:59		0.39	
12	8:16		0.41	
13	7:53		0.37	
14	8:04		0.40	
15	7:50		0.32	
16	7:45		0.38	
17	7:00		0.30	
18	7:03		0.43	
19	8:00		0.39	
20	7:40		0.49	
21	8:14		0.42	
22	7:52		0.48	
23	8:07		0.47	
24	8:46		0.37	
25	9:00		0.35	
26	8:09		0.39	
27	8:36		0.35	
28	8:31		0.44	
29	8:00		0.38	
30	10:00		0.40	

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 #: 0-09131
 Signature: [Signature] Phone #: (541) 395 2698 OR
 Date: 10/19/23 Small Groundwater System

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

System Name City of Maupin **Springs Pump**
 Month/Year **Sept, 2023** Entry Point: **House**

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	7:30	SB 1-2-3	0.43	Running
2	9:00		0.41	
3	8:45		0.49	
4	8:43		0.45	Running
5	7:27		0.44	Running
6	7:19		0.40	Running
7	7:43		0.54	
8	7:16		0.54	
9	8:57		0.52	
10	8:43		0.54	
11	7:27		0.63	
12	7:57		0.57	
13	7:33		0.56	
14	7:38		0.42	Running
15	7:22		0.56	
16	2:00		0.52	
17	12:15		0.95	
18	6:40		0.66	
19	7:37		0.41	Running
20	7:10		0.57	
21	7:32		0.41	Running
22	7:20		0.41	Running
23	7:54		0.54	
24	7:52		0.37	Running
25	7:55		0.42	Running
26	7:39		0.50	
27	7:42		0.42	Running
28	7:53		0.53	
29	7:44		0.54	
30	10:47		0.52	

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><i>Attach those results and submit them with this form.</i></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><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: **Kirk Shields** Title: **Foreman** Operator Certification #: **0-09131**
 Signature: *[Signature]* Phone #: **(541) 395 2698** OR
 Date: **10/19/23** Small Groundwater System