

**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 **Nov/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 | 7:00 | SB 1/2/3 | 0.40 | |
| 2 | 7:20 | | 0.55 | |
| 3 | 7:01 | | 0.37 | |
| 4 | 6:52 | | 0.53 | |
| 5 | 7:05 | | 0.51 | |
| 6 | 6:52 | | 0.32 | |
| 7 | 7:10 | | 0.51 | |
| 8 | 7:15 | | 0.37 | |
| 9 | 6:44 | | 0.53 | |
| 10 | 7:30 | | 0.48 | |
| 11 | 8:30 | | 0.50 | |
| 12 | 9:30 | | 0.52 | |
| 13 | 7:25 | | 0.55 | |
| 14 | 8:22 | | 0.41 | |
| 15 | 8:35 | | 0.47 | |
| 16 | 9:21 | | 0.47 | |
| 17 | 8:22 | | 0.48 | |
| 18 | 4:42 | | 0.38 | |
| 19 | 4:40 | | 0.58 | |
| 20 | 9:00 | | 0.52 | |
| 21 | 7:03 | | 0.40 | |
| 22 | 7:50 | | 0.55 | |
| 23 | 9:10 | | 0.51 | |
| 24 | 9:24 | | 0.49 | |
| 25 | 9:41 | | 0.36 | |
| 26 | 9:45 | | 0.52 | |
| 27 | 7:06 | | 0.51 | |
| 28 | 6:56 | | 0.59 | |
| 29 | 6:49 | | 0.43 | |
| 30 | 8:11 | | 0.58 | |
| 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>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: **Kirk Shields** Title: **Foreman** Operator Certification #: **D-09131**
 Signature: *K Shields* Phone #: **(541) 395-2684** OR Small Groundwater System
 Date: **12/4/23**

**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 1 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 | 7:24 | SB 1-2-3 | 0.51 | |
| 2 | 7:40 | | 0.56 | |
| 3 | 7:15 | | 0.56 | |
| 4 | 6:58 | | 0.53 | |
| 5 | 11:10 | | 0.51 | |
| 6 | 7:04 | | 0.50 | |
| 7 | 7:30 | | 0.52 | |
| 8 | 7:34 | | 0.54 | |
| 9 | 6:55 | | 0.45 | |
| 10 | 12:40 | | 0.48 | |
| 11 | 11:20 | | 0.48 | Running |
| 12 | 10:00 | | 0.50 | |
| 13 | 7:00 | | 0.60 | |
| 14 | 8:35 | | 0.51 | |
| 15 | 7:55 | | 0.54 | |
| 16 | 9:34 | | 0.52 | |
| 17 | 8:31 | | 0.51 | |
| 18 | 4:56 | | 0.51 | |
| 19 | 4:52 | | 0.55 | |
| 20 | 4:05 | | 0.53 | |
| 21 | 7:17 | | 0.54 | |
| 22 | 8:06 | | 0.56 | |
| 23 | 8:59 | | 0.52 | |
| 24 | 9:12 | | 0.51 | |
| 25 | 9:33 | | 0.49 | |
| 26 | 9:36 | | 0.53 | |
| 27 | 7:28 | | 0.55 | |
| 28 | 7:07 | | 0.64 | |
| 29 | 7:03 | | 0.44 | Running |
| 30 | 8:25 | | 0.55 | |

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> |
|---|---|---|

Printed Name: Kirk Shields Title: Foreman Operator Certification #: 0-09131
 Signature: [Signature] Phone #: (541) 395 2698 OR
 Date: 12/4/23 Small Groundwater System

**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 *Nov/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 | 8:12 | <i>SB 1-2-3</i> | 0.50 | |
| 2 | 8:13 | | 0.50 | |
| 3 | 7:36 | | 0.50 | |
| 4 | 7:00 | | 0.36 | |
| 5 | 11:00 | | 0.35 | |
| 6 | 7:28 | | 0.50 | |
| 7 | 7:50 | | 0.43 | |
| 8 | 8:05 | | 0.44 | |
| 9 | 7:40 | | 0.50 | |
| 10 | 12:15 | | 0.45 | |
| 11 | 11:00 | | 0.51 | |
| 12 | 12:30 | | 0.50 | |
| 13 | 10:30 | | 0.47 | |
| 14 | 8:39 | | 0.47 | |
| 15 | 9:45 | | 0.42 | |
| 16 | 8:35 | | 0.46 | |
| 17 | 8:47 | | 0.42 | |
| 18 | 5:15 | | 0.51 | |
| 19 | 5:10 | | 0.52 | |
| 20 | 9:10 | | 0.50 | |
| 21 | 7:35 | | 0.55 | |
| 22 | 8:30 | | 0.54 | |
| 23 | 8:45 | | 0.50 | |
| 24 | 9:30 | | 0.46 | |
| 25 | 9:15 | | 0.48 | |
| 26 | 9:45 | | 0.49 | |
| 27 | 7:55 | | 0.49 | |
| 28 | 7:27 | | 0.50 | |
| 29 | 7:29 | | 0.50 | |
| 30 | 8:45 | | 0.50 | |
| 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>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> |
|---|---|---|

Printed Name: *Kirk Shields* Title: *Foreman* Operator Certification #: *0-09131*
 Signature: *[Signature]* Phone #: *(541) 395 2698* OR
 Date: *12/4/23* Small Groundwater System