

**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 Feb / 2024 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	SB 1-2-3	0.32	Running
2	7:02		0.32	
3	8:10		0.31	
4	8:30		0.31	
5	7:05		0.30	
6	7:02		0.30	
7	7:08		0.30	
8	7:10		0.30	
9	7:05		0.30	Running
10	9:18		0.46	
11	10:20		0.44	
12	7:10		0.30	
13	7:13		0.30	
14	7:50		0.30	
15	7:09		0.30	
16	8:49		0.30	
17	8:43		0.32	
18	8:45		0.42	
19	7:15		0.38	
20	6:55		0.30	
21	6:52		0.30	
22	6:57		0.30	
23	7:05		0.30	
24	8:02		0.30	
25	8:05		0.30	
26	7:06		0.44	
27	7:02		0.38	
28	7:15		0.33	
29	7:11		0.30	
30				
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>
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Printed Name: Kirk Shields Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395 2698 OR
 Date: 3/5/2024 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 **Feb / 2024** 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	7:25	SB 1-2-3	0.42	Running
2	7:20		0.32	
3	8:20		0.31	
4	8:40		0.31	
5	7:15		0.30	
6	7:12		0.31	
7	7:30		0.50	Running
8	7:15		0.31	
9	7:20		0.58	Running
10	9:09		0.52	
11	10:01		0.51	
12	7:20		0.48	
13	7:23		0.40	
14	8:05		0.50	
15	7:22		0.56	
16	8:55		0.54	
17	10:57		0.48	
18	9:55		0.47	
19	11:05		0.57	
20	7:05		0.57	
21	7:01		0.47	
22	7:06		0.38	
23	7:15		0.33	
24	8:11		0.31	
25	8:20		0.58	Running
26	7:21		0.46	
27	7:20		0.42	
28	7:25		0.35	
29	7:20		0.39	
30				
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>
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Printed Name: **Kent Shields** Title: _____ Operator Certification #: _____
 Signature: *[Signature]* Phone #: **(541) 395 2698** OR
 Date: **3/15/2024** 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 **Feb/2024** 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	7:50	SB 1-2-3	0.35	
2	7:55		0.36	
3	8:50		0.36	
4	8:50		0.36	
5	7:55		0.36	
6	7:35		0.35	
7	7:55		0.34	
8	8:00		0.34	
9	7:55		0.43	
10	8:30		0.41	
11	9:25		0.46	
12	7:40		0.48	
13	7:50		0.50	
14	8:45		0.46	
15	7:50		0.46	
16	9:30		0.46	
17	12:00		0.48	
18	11:10		0.48	
19	10:30		0.42	
20	7:45		0.39	
21	7:25		0.32	
22	7:30		0.30	
23	7:40		0.30	
24	8:40		0.34	
25	8:25		0.36	
26	7:40		0.30	
27	7:42		0.35	
28	7:45		0.39	
29	7:46		0.39	
30				
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.

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No
 Attach those results and submit them with this form.

GWS Serving More Than 3,300
 Did continuous monitoring equipment fail at any time this reporting month? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /
 Date it was returned to service: / /

Printed Name: **Kirk Shields** Title: **Foreman**
 Signature: *[Signature]* Phone #: **(541) 395 2698**
 Date: **3/5/2024**

Operator Certification #: **0-09131**
 OR
 Small Groundwater System