

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

System Name **City of Maupin Springs Pump House**
 Month/Year **March 2024** 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	0.39	
2	8:34		0.41	
3	8:44		0.50	Ring
4	7:20		0.38	
5	7:25		0.58	Running
6	7:35		0.42	
7	7:28		0.55	
8	7:10		0.58	
9	11:30		0.50	
10	12:40		0.48	
11	7:25		0.51	
12	7:26		0.51	
13	7:26		0.56	Running
14	7:30		0.79	
15	7:15		0.56	
16	8:20		0.54	
17	7:10		0.71	
18	7:25		0.70	
19	7:10		0.64	
20	7:25		0.56	
21	7:30		0.62	
22	7:35		0.59	
23	8:54		0.61	
24	7:20		0.58	
25	7:30		0.60	
26	7:15		0.61	
27	6:52		0.60	
28	7:30		0.63	
29	7:50		0.61	
30	9:05		0.58	
31	11:35		0.62	

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	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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** Operator Certification #: **D-0913**
 Signature: _____ Phone #: **(541) 395 2698** OR
 Date: **4/1/2024** Small Groundwater System

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

System Name City of Maupin Lower Res. PWS ID# 41 00510
 Month/Year March 2024 Entry Point: water Ave. 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	0.30	
2	8:42		0.30	
3	9:07		0.30	
4	7:10		0.30	
5	7:13		0.30	
6	7:22		0.44	Running
7	7:00		0.59	
8	6:56		0.40	
9	11:05		0.38	
10	12:04		0.38	
11	7:06		0.30	
12	7:14		0.30	
13	7:15		0.30	
14	7:11		0.30	
15	7:00		0.30	
16	8:10		0.30	
17	6:25		0.73	
18	7:16		0.43	
19	7:03		0.32	
20	7:15		0.33	
21	7:15		0.31	
22	7:20		0.31	
23	8:17		0.31	
24	9:31		0.30	
25	7:14		0.30	
26	7:00		0.30	
27	6:44		0.30	
28	7:15		0.30	
29	7:40		0.30	
30	8:35		0.31	
31	11:15		0.30	

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 Stueck Title: foreman Operator Certification #: D-09131
 Signature: [Signature] Phone #: (541) 395 2698 OR
 Date: 4/1/2024 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 *March 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	7:45	<i>SB 1-2-3</i>	0.43	
2	7:30		0.40	
3	8:45		0.43	
4	7:35		0.33	
5	7:45		0.40	
6	7:50		0.38	
7	8:00		0.46	
8	7:35		0.43	
9	7:45		0.38	
10	7:15		0.33	
11	7:45		0.38	
12	7:46		0.44	
13	7:50		0.44	
14	7:51		0.45	
15	8:45		0.46	
16	7:50		0.45	
17	7:50		0.43	
18	7:55		0.47	
19	7:40		0.45	
20	7:55		0.43	
21	7:55		0.42	
22	7:57		0.43	
23	8:30		0.41	
24	9:45		0.43	
25	7:55		0.42	
26	8:00		0.42	
27	7:30		0.40	
28	7:53		0.42	
29	8:00		0.39	
30	12:00		0.40	
31	12:00		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><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 Skarjals* Title: *Foreman* Operator Certification #: *0-09131*
 Signature: *[Signature]* Phone #: *(541) 395 2698* OR
 Date: *4/1/2024* Small Groundwater System