

**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 July/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	6:30	SB 1-2-3	0.52	Running
2	6:46		0.50	
3	6:40		0.65	Running
4	7:31		0.55	
5	9:15		0.55	
6	8:26		0.53	
7	7:27		0.58	
8	6:43		0.58	Running
9	6:46		0.62	Running
10	6:45		0.47	
11	6:30		0.59	Running
12	6:44		0.56	Running
13	8:17		0.50	
14	11:46		0.42	
15	6:41		0.65	
16	6:35		0.47	
17	6:46		0.59	Running
18	6:55		0.50	
19	6:21		0.60	Running
20	7:20		0.57	
21	7:00		0.58	Running
22	6:45		0.53	
23	6:30		0.57	
24	6:45		0.50	
25	6:30		0.62	Running
26	6:45		0.52	
27	8:12		0.49	
28	8:41		0.53	
29	6:56		0.62	Running
30	6:40		0.55	
31	6:31		0.58	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>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 #: D-09131
 Signature: _____ Phone #: (541) 395 2698 OR
 Date: 8/1/24 Small Groundwater System

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year July/2024 Entry Point:

Springs Pump 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	6:43	SB 1-2-3	0.47	Running
2	6:58		0.62	
3	6:50		0.54	Running
4	7:40		0.58	
5	9:25		0.46	Running
6	8:30		0.48	
7	9:15		0.50	
8	6:55		0.47	Running
9	7:00		0.47	Running
10	7:00		0.48	Running
11	6:45		0.44	Running
12	6:55		0.60	
13	8:40		0.48	
14	12:00		0.42	
15	6:50		0.47	Running
16	6:46		0.48	Running
17	6:58		0.50	Running
18	7:05		0.60	
19	6:35		0.43	Running
20	7:30		0.61	
21	7:10		0.49	Running
22	6:55		0.60	
23	6:46		0.50	Running
24	7:00		0.61	
25	6:40		0.60	
26	6:55		0.63	
27	8:17		0.54	
28	8:52		0.58	
29	7:07		0.61	
30	6:50		0.62	
31	6:45		0.46	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>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 checked="" 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 checked="" 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 checked="" 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 Shugart Title: Foreman
 Signature: [Signature] Phone #: (541) 395 2698
 Date: 8/1/24

Operator Certification #: 0-09131
 OR
 Small Groundwater System

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year July/2024 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	6:59	SB 1-2-3	0.44	
2	7:15		0.44	
3	7:20		0.40	
4	8:45		0.43	
5	9:40		0.46	
6	9:30		0.44	
7	8:45		0.46	
8	7:05		0.49	
9	7:15		0.47	
10	7:15		0.50	
11	7:13		0.48	
12	7:15		0.47	
13	9:00		0.40	
14	12:10		0.42	
15	7:15		0.38	
16	7:15		0.45	
17	7:14		0.38	
18	6:58		0.43	
19	7:12		0.38	
20	7:50		0.40	
21	7:10		0.38	
22	7:25		0.41	
23	7:03		0.48	
24	7:18		0.43	
25	7:00		0.45	
26	7:05		0.47	
27	9:00		0.38	
28	9:00		0.40	
29	7:30		0.44	
30	7:30		0.45	
31	7:20		0.44	

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 Stuebel Title: owner Operator Certification #: _____
 Signature: [Signature] Phone #: (541) _____ OR D-09131
 Date: 8/1/24 395 2698 Small Groundwater System