

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year Aug 1 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	7:14	SB 1-2-3	0.44	
2	7:20		0.51	
3	7:05		0.45	
4	7:35		0.50	
5	7:35		0.49	
6	7:35		0.44	
7	7:25		0.48	
8	7:35		0.52	
9	7:30		0.46	
10	7:35		0.50	
11	7:25		0.48	
12	7:55		0.43	
13	7:55		0.45	
14	8:00		0.48	
15	8:00		0.46	
16	7:55		0.46	
17	7:45		0.41	
18	7:29		0.45	
19	7:45		0.47	
20	7:50		0.48	
21	7:55		0.52	
22	7:45		0.48	
23	8:00		0.50	
24	7:10		0.50	
25	8:40		0.49	
26	7:15		0.49	
27	7:40		0.51	
28	7:40		0.48	
29	7:35		0.42	
30	7:35		0.48	
31	7:40		0.50	

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 <i>Attach those results and submit them with this form.</i>	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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: Kirk Shields Title: foreman Operator Certification #: 09131  
 Signature: [Signature] Phone #: (541) 395 2698 OR  
 Date: 4/30/2024 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 Aug 1 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	7:00	SB 1-2-3	0.44	Running
2	6:40		0.60	
3	9:45		0.52	
4	12:45		0.40	
5	7:12		0.62	
6	7:15		0.46	Running
7	7:00		0.44	Running
8	7:10		0.43	Running
9	6:30		0.59	
10	6:45		0.43	Running
11	7:00		0.56	
12	7:30		0.49	Running
13	7:10		0.42	Running
14	7:11		0.45	Running
15	7:30		0.58	
16	7:25		0.61	
17	8:04		0.56	
18	7:17		0.90	
19	7:25		0.47	Running
20	7:30		0.61	
21	7:30		0.60	
22	7:10		0.49	Running
23	7:15		0.60	
24	11:55		0.56	
25	8:15		0.44	
26	7:22		0.43	Running
27	7:15		0.63	
28	7:11		0.48	Running
29	7:15		0.40	
30	7:10		0.62	
31	7:30		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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: <u>Kirk Shields</u>	Title: <u>Foreman</u>	Operator Certification #:
Signature: <u>[Signature]</u>	Phone #: <u>(541) 395 2698</u>	OR <u>00131</u>
Date: <u>9/30/2024</u>		Small Groundwater System <input type="checkbox"/>

**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 Aug/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	6:15	SB 1-2-3	0.51	
2	6:30		0.61	Running
3	9:25		0.54	
4	11:16		0.40	
5	7:05		0.57	
6	7:05		0.62	Running
7	6:57		0.53	
8	7:00		0.50	
9	6:20		0.49	
10	6:30		0.57	Running
11	6:55		0.53	
12	7:23		0.58	Running
13	6:56		0.56	
14	7:02		0.57	Running
15	7:15		0.51	
16	7:00		0.69	Running
17	5:49		0.58	
18	7:02		0.59	
19	7:12		0.57	Running
20	7:16		0.59	Running
21	7:21		0.59	
22	6:57		0.57	Running
23	7:00		0.55	
24	<del>7:00</del>		0.56	
25	<del>7:00</del>		0.40	
26	7:07		0.60	Running
27	7:02		0.57	
28	6:55		0.50	
29	6:53		0.57	
30	6:55		0.56	
31	7:20		0.54	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: <u>  /  /  </u></p> <p>Date it was returned to service: <u>  /  /  </u></p>	

Printed Name: Kyle Stuebel Title: Foreman Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 395 2698 OR 09131  
 Date: 9/30/2024 Small Groundwater System