

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year Oct. / 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	6:45	SB 1-2-3	0.50	
2	7:40		0.51	
3	7:35		0.49	
4	11:00		0.50	
5	12:45		0.50	
6				
7	7:22		0.49	
8	7:30		0.52	
9	7:35		0.47	
10	7:25		0.49	
11	7:25		0.57	
12	7:20		0.49	
13	7:40		0.52	
14	7:50		0.49	
15	7:35		0.49	
16	7:20		0.51	
17	8:00		0.50	
18	7:30		0.52	
19	9:45		0.57	
20	5:45		0.52	
21	5:52		0.50	
22	7:30		0.49	
23	6:58		0.52	
24	7:50		0.49	
25	8:00		0.50	
26	10:30		0.42	
27	8:30		0.40	
28	6:55		0.50	
29	6:59		0.52	
30	6:55		0.55	
31	7:30		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.

<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: Kurt Stiebel Title: Foreman Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 395 2698 OR 09131
 Date: 10/31/2024 Small Groundwater System

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

System Name City of Maupin Springs PWS ID# 41 00510
 Month/Year OCT 1 2024 Entry Point 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	10:30	SB 1-2-3	0.55	KS
2	7:30		0.76	
3	7:33		0.63	
4	7:02		0.61	
5	11:10		0.66	KS
6	12:30		0.65	KS
7	7:00		0.53	Running
8	7:40		0.63	
9	7:15		0.61	
10	7:08		0.65	
11	7:10		0.65	
12	7:00		0.63	
13	7:29		0.60	
14	7:32		0.62	
15	7:10		0.62	
16	8:05		0.60	
17	7:10		0.62	
18	6:55		0.59	
19	9:56		0.58	
20	9:29		0.59	
21	5:59		0.60	
22	7:13		0.52	Running
23	7:01		0.61	
24	7:38		0.68	
25	7:40		0.58	
26	11:03		0.58	
27	8:45		0.64	
28	7:00		0.57	
29	7:08		0.62	
30	7:10		0.71	
31	7:15		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>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 #: _____
 Signature: _____ Phone #: (541) 395 2698 OR 09131
 Date: 0131 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 Oct 12024 Entry Point Lower Res, 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	7:50	SB 1-2-3	0.97	
2	7:16		0.60	
3	7:16		0.53	
4	6:53		0.54	
5	11:00		0.50	
6	12:40		0.53	
7	6:46		0.60	Running
8	7:30		0.64	
9	7:03		0.64	Running
10	6:50		0.59	
11	7:01		0.64	Running
12	6:45		0.63	
13	7:19		0.62	Running
14	7:22		0.63	
15	6:58		0.62	
16	7:44		0.57	
17	7:00		0.61	
18	6:45		0.50	
19	10:24		0.48	
20	7:37		0.45	
21	6:27		0.59	Running
22	7:00		0.63	
23	7:37		0.69	Running
24	7:27		0.57	
25	7:28		0.54	
26	8:12		0.50	
27	9:00		0.46	
28	7:20		0.59	Running
29	7:25		0.59	
30	7:20		0.50	
31	7:01		0.49	

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 #: OR 09131
 Signature: [Signature] Phone #: (541) 395 2698 Small Groundwater System
 Date: 10/31/2024