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 Nov/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	7:00	SB 1-2-3	0.55	
2	7:40		0.51	
3	7:35		0.51	
4	7:35		0.49	
5	7:09		0.58	Running
6	7:19		0.56	
7	7:17		0.50	
8	6:40		0.57	
9	7:06		0.54	
10	9:17		0.57	
11	7:38		0.48	
12	7:50		0.40	
13	11:00		0.50	
14	10:07		0.52	
15	9:30		0.50	
16	8:40		0.40	
17	7:00		0.44	
18	7:12		0.58	
19	7:27		0.54	
20	7:28		0.49	
21	7:14		0.58	Running
22	7:27		0.62	
23	7:54		0.53	
24	8:10		0.53	
25	7:25		0.57	Running
26	7:54		0.56	
27	6:45		0.55	
28	9:35		0.54	
29	9:43		0.49	
30	10:06		0.42	
[redacted]	[redacted]		[redacted]	

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 Sewell Title: Public Works Foreman

Signature:

Date: 12/3/2024 Phone #: (541) 395 2698

Operator Certification #: 09-131 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 Nov./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	6:35	SB 1-2-3	0.56	
2	8:05		0.55	
3	7:20		0.54	
4	7:15		0.56	
5	7:43		0.60	
6	7:45		0.63	
7	7:48		0.72	
8	7:05		0.71	
9	8:30		0.57	
10	9:30		0.58	
11	7:30		0.54	
12	10:45		0.50	
13	10:20		0.63	
14	9:45		0.59	
15	8:00		0.58	
16	10:45		0.60	
17	9:30		0.54	
18	7:50		0.71	
19	8:00		0.76	
20	8:00		0.71	
21	7:55		0.77	
22	8:00		0.74	
23	8:55		0.74	
24	8:00		0.74	
25	7:55		0.74	
26	9:15		0.74	
27	7:56		0.75	
28	9:30		0.62	
29	10:30		0.68	
30	8:45		0.60	
[redacted]	[redacted]		[redacted]	

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 — Operator Certification #:

State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: City of Maupin | PWS ID#: 41 00510

Month/Year: Nov./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	6:45	SB 1-2-3	0.56	
2	7:50		0.59	
3	7:25		0.56	
4	7:23		0.57	
5	7:24		0.46	Running
6	7:30		0.60	
7	7:30		0.62	
8	10:45		0.59	
9	8:10		0.60	
10	9:10		0.56	
11	7:10		0.53	
12	7:40		0.55	
13	9:55		0.48	
14	7:45		0.50	
15	9:55		0.42	
16	10:05		0.40	
17	9:17		0.52	
18	7:25		0.62	
19	7:40		0.606	
20	7:35		0.59	
21	7:30		0.47	Running
22	7:37		0.606	
23	8:00		0.60	
24	8:20		0.74	
25	7:35		0.58	
26	9:07		0.61	
27	10:55		0.59	
28	9:02		0.58	
29	9:35		0.60	
30	9:40		0.58	
[redacted]	[redacted]		[redacted]	

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: K Shields | Phone #: (541) 395 2698

Date: 12/3/2024

Operator Certification #: OR 09131

Small Groundwater System ☐