Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin Water Aue PWS ID# 41 00510							
Month/Year June/2025 Entry Point Lower Res. 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.	7:43	513 1	2-3	0.66			
2	6 55			0.67	Runn	na	
3	7:04			0.57			
4	6:54			0.69	Kunn	Kunning	
5	6 53	/ .		0,6	-		
6	6 28			0,69	Runn	ina	
7	7.55			0.61	10		
8	9:15			0168	Tony	Py	
9	8:01			0.67	Juni	Ruming	
10	7 26			0.70	Kumi	2	
11	7:00			0,6	-		
12	6:57		1020	9000	Kunn	na	
13	6:21			0,70	Runn	ng	
14	6 40			0,64	Runn		
15	7:45			0.72	Vinni	na	
16	631		. \		Runni		
17	64			0,75	P	<u>~~</u>	
18	6131			0.72	Runni	ng	
19	6:40			0.70	Kunni	N. C.	
20	9305			0,64			
21	9113		-1	0,61			
22	9520			0,65	Russas	A.01	
24	6:57	<u>`</u>		0,72	Runni	101	
25	7 54			0.64	Kunci	. 7	
26			1	0.70	Runni	A 00	
27	6.53		1	0.64	133000	7	
28	6,40		/	0.63			
29	6 23	/	/	0,65			
30	4:52	(0.63			
821							
Was the	e chlorine res	idual ever less than the	required minimu	m residual of mg/L?	Yes No		
If yes, y	what was the	longest time period unt xt business day.			s- <u>lf>4 hours, [</u>	Drinking Water Program to be	
		3,300 or Fewer		GWS Serving I	More Than 3.3	300	
		or every four hours	Did continuous	us monitoring equipment fail at any time this nth? Yes No		Date continuous monitoring	
	residual ret		reporting month			equipment failed:	
as requ				b samples collected every for	ir house until the		
-		_	continuous mor	nitoring equipment was return	ed to service as	Date it was returned to	
Attach those results and submit them with continuous monitoring equipment was returned to service as Uate it was this form.					1		
Attach grab sample results and submit them with this form.					I I		
Printed Name: Kirk Shiells Title: Forewan Operator Certification #:							
Signature: Photo				ne#(541) OR 67(3		OR CALL	
Date: 1 1 395 2698 Small Groundwater System							
December 19, 2012							

State of Oregon Drinking vivaler Frogram Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin Springs PWS ID# 41 00510 Required Minimum Residual 0.30 mg/L						
Month/Year June 1 2005 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.	8:00	513 1-	2-3	0.56	Runn	ing
2	7.10			0,50	Runny	20
3	7.16	1.		0,53	Runni	ra
4	713			0,51	Running	
5	7.06			0.52	Running	
6	641		•	0.67		~
7	8/41			0,58		
8	81510			0153		
9	8 16			0.69	·	
10	7:41			0.68		
11	7,18	1		0.68		
12	711	1		0.50	Runni	ng
13	6:30	<u> </u>		0,48	Running	
14	6:52			0.73		٠
15	7.58	1		0,71	1	
16	6 45	1		0,53	Running	
17	6:57			6,51	Running	
18	6.45		1	0.52	Running	
19	6.55		1	0.81	Rusni	
20	di 55		1		Ven	7
21	6359		1	0,54		1
22	1:10			0,62		
23	7 22			0.52	Runnin	a
24	7:03			0.54	Rumen	a
25	7,17	4.		0,54	Running	
26	7:15		i	0,49	Running	
27	7:17		1	0,46	Rumina	
28	6154		/	0,71		7
29	6 35	/	/	0.72		
30	7.06	(0.69		
65				,		
-	a chlorina rec	sidual ever less than the	required minimu	n residual of mo/L?	Yes No	
AAQQ UH	detune the	longest time period unt	il the required lev			rinking Water Program to be
notified	by end of ne	ot business day.	. are reduited to the			
		3,300 or Fewer		GWS Serving Me	ore Than 3,3	300
l	•		Did confinuous	continuous monitoring equipment fail at any time this		Date continuous monitoring
If yes, did you monitor every four hours Did co until the residual returned to mg/L report				reporting month? Yes No		equipment failed:
					Laven well tha	1 1
II AGS, MEIG AISD SOUTHERS CONCORD CAG					indres mini ale	Date it was returned to
		and submit them with	continuous monitoring equipment was returned to service as required? Yes No			service:
this form.			Attach grab sample results and submit them with this form.			1 1
1/ 1/ 51 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/						
					89131	
Signature: Phone # (541)						
Date: 1 1 395 2698 Small Groundwater System						
-400.	-					December 19, 2012

State of Oregon Distriction Valent 10914111 Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin East Maupin PWS ID# 41 00510							
Month/Year June/2005 Entry Point: Required Minimum Residual 0:30 mg/L							
Date	Time	Source(s)	n use	Lowest free chlorine residual at entry point to distribution system (mg/L		Notes	
1.	8:20	513 1	2-3	0.92			
2	7 20	,,		0.75			
3	7.20	/		0.37			
4	7 35			0.94			
5	7.19	/ .		0.73	4		
6	7 15			0.49			
7	8115			0,54			
8	8140			0.95			
9	8:25	1.	÷	0.67		i	
10	7 24			0,54			
11	7:30			0,56			
12	7:35	1	•	0.42			
13	6:40	1		0,51			
14	6145			0.5%			
15	8 28	1					
16	7:00			0,82			
17`	712			0.47			
18	6 55		1	0.52			
19	7:05			0.68			
20	8170			0,53			
21	8:45			0,41			
22	9230]	0146.			
23	7:35	•		0.49			
24	7 20		}	0.41			
25	7 25		1	0.40			
26	7:35			0,52			
27	7 33			0.34			
28	7.15		/	0.50			
29	6.34	/		0,61			
30	7:50	(0,40	<u> </u>		
31	-						
Was th	e chlorine re:	sidual ever less than the	required minimu] Yes □ No		
If yes, y	what was the by end of ne	longest time period unt at business day.	il the required lev	el was restored? hours	s <u>If > 4 hours, C</u>	Orinking Water Program to be	
GW:	S Servina	3,300 or Fewer		GWS Serving I	Aore Than 3,	300	
				ous monitoring equipment fail at any time this equipment failed:			
				_	have well-	1 , ,	
If yes, were gran samples conscious every four ributs with the						Date it was returned to	
Attach those results and submit them with continuous monitor this form.				Tyes No service:		1	
แสง IVII	1110	· a		tach grab sample results and submit them with this form.			
Printed Name: Kirk Shields 7 Title: Forewan Operator Certification #:							
12001 5 1				one#(541) OR		OR #131	
Date: 1 1 395 2698 Small Groundwater System							
December 19, 2012							