State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin 604 Water Ave PWS ID# 41 00510

Month/Year Aug/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	6:52	SB 1-2-3	0.69	Running
2	9:40		0.62	Running
3	8:27		0.65	
4	6:24		0.68	Running
5	6:44		0.71	Running
6	6:54		0.71	Running
7	6:50		0.70	Running
8	6:54		0.69	Running
9	6:55		0.68	Running
10	6:53		0.63	Running
11	7:45		0.64	Running
12	7:56		0.67	Running
13	6:52		0.65	Running
14	6:54		0.67	Running
15	6:21		0.65	Running
16	7:00		0.68	Running
17	8:00		0.65	Running
18	6:17		0.75	Running
19	7:00		0.70	Running
20	7:00		0.64	Running
21	7:09		0.65	Running
22	6:59		0.68	Running
23	7:08		0.61	Running
24	7:22		0.65	Running
25	6:45		0.66	Running
26	7:15		0.67	Running
27	7:11		0.68	Running
28	6:52		0.66	Running
29	5:55		0.66	Running
30	12:50		0.65	
31	10:00		0.64	

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: Title:

Signature: Phone #: (541) 395 2698

Date: / /

Operator Certification #:

OR

Small Groundwater System ☐

December 19, 2012

State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: City of Maupin — 399 Burnham Springs Pump House — PWS ID# 41 00510

Month/Year: Aug/2025 — Entry Point: — 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	7:08	SB 1-2-3	0.48	Running
2	7:32		0.46	
3	9:07		0.63	Ru
4	6:35		0.46	Running
5	6:54		0.70	
6	7:04		0.71	
7	7:05		0.49	Running
8	7:05		0.49	Running
9	7:07		0.67	
10	7:04		0.46	Running
11	7:55		0.65	
12	11:30		0.5-1	Ru
13	6:45		0.49	Running
14	7:05		0.48	Running
15	6:30		0.49	Running
16	7:10		0.81	
17	8:10		0.68	
18	6:34		0.48	Running
19	7:12		0.53	Running
20	7:13		0.49	Running
21	7:25		0.48	Running
22	7:13		0.75	
23	7:20		0.66	
24	7:35		0.42	Running
25	6:54		0.62	
26	7:28		0.67	
27	7:25		0.64	
28	7:04		0.48	Running
29	6:06		0.42	Running
30	1:06		0.63	
31	10:11		0.66	

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: — Title: — Operator Certification #: —

Signature: — Phone #: (541) 395 2698 — OR

Date: / / — Small Groundwater System ☐

December 19, 2012

State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin East Maupin PWS ID# 41 00510

Month/Year Aug 1 2025 Entry Point: 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	7:28	SB 1-2-3	0.78	
2	9:30		0.68	
3	9:00		0.55	
4	7:10		0.47	
5	7:18		0.35	
6	7:17		0.42	
7	7:15		0.69	
8	7:15		0.69	
9	7:18		0.51	
10	7:15		0.54	
11	8:00		0.33	
12	11:30		0.46	
13	7:00		0.57	
14	7:15		0.49	
15	6:45		0.51	
16	7:20		0.49	
17	8:20		0.57	
18	6:50		0.45	
19	7:30		0.45	
20	7:25		0.49	
21	7:25		0.69	
22	7:30		0.41	
23	7:30		0.49	
24	7:35		0.49	
25	7:15		0.45	
26	7:35		0.41	
27	7:35		0.41	
28	7:25		0.42	
29	6:24		0.41	
30				
31				

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: / /

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