Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin 604 Water Aul PWS ID# 41 00510 Month/Year Aug / 20% Entry Point: Lower Res. Required Minimum Residual 0 30 mg/L							
Month/	Year Aug	/20% Entry Po	oint Lou	ver Res. Regu	ired Minimun	n Residual 0 30 mg/L	
Date	Time	Source(s)		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1.	652	515 [-	Z-3	0.69	Runn	Ina	
	9.40	,		50,62	1 Km		
3	9127			0.65			
4	6:24	/	121	0.68	Runn	ing	
5	6 44		1	0 1 6	Kunn	Nã	
6	6 54			0,71	Kunne		
7	6 50			0.70	Runne	na	
8	6:54			90.0	Kunne	na	
9	6.55	-		0.68	Runn		
10	6 53			0.63	Runner		
11	7 45			0.64	Vin	A	
12	7.50	V -	1:00	0.67	112		
				0,45	Runk	119	
13	6 32			0.67	Rugner	10	
14 15	6:54			0.65	Runni		
16	7:00			0.68	Ruman	n di	
17	8:00	1		0,65	Runni	ng	
	1 11		1	0.75	Runni		
18	6.17		1	0.70	Ruma		
19	7:00			0 101			
20	7:00		1	0.64	Runn		
21	7:09			0.65	Runne		
22	6 59			0.68	Runnen		
	7208				Runner		
24	7 22			0,65			
25	6 45	*		0.100	Runn	ig	
26	7.15			0.67	Runnin	19	
27	711		/	0,68	Runnie	9	
28	10 52		/	0, 66	Runni	19	
29	5.55				Kunni	ng	
30	1250			0,64			
31	10:00				<u> </u>		
		idual ever less than the			Yes No		
If yes, wanted	what was the l by end of ne	ongest time period unt d business day.	I the required leve	el was restored? hours -	- <u>it > 4 hours, D</u>	hinking Water Program to be	
GME	Servina :	3,300 or Fewer		GWS Serving Mo	ore Than 3,3	300	
	_	or every four hours	Did continuous	monitoring equipment fail at any	Date continuous monitoring		
	residual retu			ı? ∐Yes ∐No		equipment failed:	
as requi	ired?	res □ No	If yes were are	b samples collected every four i	hours until the	1 1	
Affach f	hase reculte:	and submit them with	continuous mon	itoring equipment was returned	to service as	Date it was returned to	
this form		man almoster fractite sterry	required?	☐Yes ☐ No		service:	
			Attach grab sample results and submit them with this i			1 1	
Printed Name: Title: Operator Certification #:						r Certification #:	
Signature: Phone				9#(541) OR		OR	
Day 2 (2 Constitution Constitu							
Date: 1 1 395 2698 Small Gloundwater System [3] December 19, 2012							

Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin 399 Burnhaum PWS ID# 41 00510 Month/Year A49/2025 Entry Point: House Required Minimum Residual 0.30 mg/L							
Month/Year Aug/2025 Entry Point 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)			
1.	7:08	513 T	2-3	0.48	Ruman	a a	
2	2:32	,-		0,46	10		
3	9107	/-		0,63	Vem		
4	6 35			0.46	Rynno	19	
5	6 54			0,70	1		
6	7:04			0.71	D	1 . 0	
7	7:05			0.49	Bunn	ing	
8	7:05			0.49	Runn	ing	
9	7:07			0.46	Runni	. ~	
10	7:04			0165	Lanni	7	
11	7.55	<u> </u>	620	0,5-1	1/4		
12	11:30			0.49	P	A 05	
13	6 45	<u> </u>		0.48	Runni	400	
14 15	7:05	<u> </u>		0.49	Runni	Kar	
16	7:10	1		0.81	7,50.35		
17	8 10	1		84.0			
18	6.34			0,48	Bunning		
			\	0.53	Rumina		
19 20	7 12		1	0.49	Russella		
21	H 10		-	0.48	Russian		
22	7 25			0.75	- August	2	
23	7:20			0,106			
24	7:35			0.42	Runni	nei	
25	6 54		i	0,102		7	
26	7 a8		1	0.67			
27	7 25	,	1	0,64			
28	7.04			0.48	Running		
29	6106			0,42	Running		
30	1,06			0,63		7	
31	10,1			0.66			
Was the	e chlorine res	idual ever less than the	required minimum	n residual of 🤍 mg/L? 🔲] Yes 🗌 No		
If yes, y notified	what was the by end of nex	longest time period unt <u>xt business day.</u>	I the required leve	l was restored? hours	- <u>lf>4 hours, C</u>	hinking Water Program to be	
GWS	Serving 3	3,300 or Fewer		GWS Serving M	ore Than 3,3	300	
If yes, did you monitor every four hours until the residual returned to mg/L.			Did continuous monitoring equipment fail at any time this reporting month? Yes No			Date continuous monitoring equipment failed:	
as required? Yes No Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No			Date it was retirmed to service:	
			Attach grab sample results and submit them with this form.			1 1	
Printed N	lame:	•	Title:	Title:		Operator Certification #:	
Signature:			Phone # (541)		OR		
Date: / /			395 2698		Small Groundwater System		

December 19, 2012

Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin East Maupin PWS ID# 41 00510							
Month/Year Aug / 3005 Entry Point: Required Minimum Residual 0 30 mg/L							
Date	Time	Source(s) in		Lowest free chlori residual at entry poi distribution system (i	int to	5:	Notes
1.	7:28	513 1-4	2-3	0.78			
2	930	7		0,68			
3	9:00	/-		0,5			
4	7:10	/	×	0,47	-		
5	7.18			0,35	-+		
6	7 17			0,72	+		
7	7:15			0.69			
8	7.15			0.69			
9	7 18			0.5%			
10	7.45	-		0133			
11	200			0.46			
12	11:31-			0.57			
13	7:15	 		0.49			
14 15	6 45			0,81			
16	7:20			0.49			
17	8120			0.57			
18	6:50		\	0.45			
19	7:30		1	0,45			
20	7 25			049			
21	7:25			0.69			
22	7:30			0.41	-		
23	7:30			0,49		· · · · · ·	
24	7:35			0.44			
25	7:15		1	0.45			
26	7:35			0.41			
27	7.35		/	0.4/2			
28	7 25		/	0.41			
29	624	/		0.,,			
30							
	la aldada a sa	side of mar land than the	າດຕຳການ ກ່ວນກຳການ	m residual of mol	L? TY	'es 🗌 No	
Ifves	what was the	sidual ever less than the longest time period unti ext business day.	the required lev	• • • • • • • • • • • • • • • • • • • •			rinking Water Program to be
_	-1-0-0			GWS Servi	ing Mor	re Than 3,3	00
If yes,	If yes, did you monitor every four hours until the residual returned to mg/L reporting mo			s monitoring equipment fail at any time this			Date continuous monitoring equipment failed:
		Yes No	-	-			1 1
Attach those results and submit them with this form.			continuous morequired?	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No			Date it was returned to service:
			Attach grab sample results and submit them with t		this form.	1 1	
Printed Name: Operator Certification #:							
Signature: Phone # (541)					OR		
206 2/98 Small Groundwater System							
Date: 1 1 December 19, 2012							