State of Oregon Drinking Water Program

# Monthly Disinfection Report for Ground Water Systems

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

Month/Year Sept/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 | 11:45 | SB 1-2-3 | 0.66 | |
| 2 | 6:35 | | 0.666 | Running |
| 3 | 6:48 | | 0.65 | Running |
| 4 | 7:05 | | 0.67 | Running |
| 5 | 6:47 | | 0.666 | Running |
| 6 | 7:18 | | 0.67 | Running |
| 7 | 7:28 | | 0.666 | Running |
| 8 | 7:09 | | 0.65 | Running |
| 9 | 6:49 | | 0.65 | Running |
| 10 | 6:58 | | 0.65 | |
| 11 | 7:10 | | 0.65 | |
| 12 | 7:11 | | 0.59 | |
| 13 | 7:20 | | 0.67 | |
| 14 | 7:44 | | 0.68 | |
| 15 | 7:14 | | 0.64 | Running |
| 16 | 7:00 | | 0.67 | Running |
| 17 | 7:04 | | 0.65 | Running |
| 18 | 7:12 | | 0.67 | |
| 19 | 7:00 | | 0.68 | Running |
| 20 | 6:54 | | 0.67 | Running |
| 21 | 7:39 | | 0.666 | Running |
| 22 | 6:58 | | 0.65 | Running |
| 23 | 7:05 | | 0.67 | |
| 24 | 7:11 | | 0.62 | |
| 25 | 7:08 | | 0.67 | Running |
| 26 | 6:53 | | 0.68 | Running |
| 27 | 7:11 | | 0.70 | |
| 28 | 8:12 | | 0.67 | Running |
| 29 | 6:47 | | 0.666 | Running |
| 30 | 7:06 | | 0.67 | |
| 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: / /

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 PWS ID# 41 00510

Month/Year Sept. / 2025 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 | 11:59 | SB 1-2-3 | 0.45 | Running |
| 2 | 6:45 | | 0.46 | Running |
| 3 | 7:01 | | 0.65 | |
| 4 | 7:16 | | 0.44 | Running |
| 5 | 7:00 | | 0.47 | Running |
| 6 | 7:35 | | 0.67 | |
| 7 | 7:40 | | 0.67 | |
| 8 | 7:20 | | 0.75 | |
| 9 | 7:05 | | 0.69 | |
| 10 | 7:11 | | 0.60 | |
| 11 | 7:24 | | 0.49 | Running |
| 12 | 7:26 | | 0.60 | |
| 13 | 7:37 | | 0.45 | Running |
| 14 | 8:06 | | 0.67 | |
| 15 | 7:27 | | 0.50 | Running |
| 16 | 7:20 | | 0.44 | Running |
| 17 | 7:26 | | 0.42 | Running |
| 18 | 7:27 | | 0.67 | |
| 19 | 7:16 | | 0.47 | Running |
| 20 | 7:05 | | 0.50 | Running |
| 21 | 7:50 | | 0.66 | |
| 22 | 7:12 | | 0.68 | |
| 23 | 7:17 | | 0.74 | |
| 24 | 7:27 | | 0.64 | |
| 25 | 7:22 | | 0.65 | |
| 26 | 7:07 | | 0.47 | Running |
| 27 | 7:22 | | 0.67 | |
| 28 | 8:24 | | 0.66 | |
| 29 | 7:03 | | 0.48 | Running |
| 30 | 7:23 | | 0.68 | |
| | | | | |

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 PWS ID# 41 00510

Month/Year Sept / 2025 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 | | SB 1-2-3 | | |
| 2 | 7:30 | | 0.46 | |
| 3 | 7:24 | | 0.41 | |
| 4 | 7:32 | | 0.50 | |
| 5 | 7:14 | | 0.45 | |
| 6 | 7:48 | | 0.42 | |
| 7 | 7:35 | | 0.43 | |
| 8 | 7:25 | | 0.41 | |
| 9 | 7:15 | | 0.59 | |
| 10 | 7:25 | | 0.46 | |
| 11 | 7:27 | | 0.53 | |
| 12 | 7:40 | | 0.50 | |
| 13 | 7:40 | | 0.45 | |
| 14 | 8:00 | | 0.46 | |
| 15 | 7:45 | | 0.48 | |
| 16 | 7:37 | | 0.42 | |
| 17 | 7:45 | | 0.86 | |
| 18 | 7:45 | | 0.94 | |
| 19 | 7:25 | | 0.40 | |
| 20 | 7:25 | | 0.50 | |
| 21 | 7:45 | | 0.41 | |
| 22 | 7:25 | | 0.30 | |
| 23 | 7:30 | | 0.30 | |
| 24 | 7:45 | | 0.30 | |
| 25 | 7:40 | | 0.70 | |
| 26 | 7:25 | | 0.30 | |
| 27 | 7:30 | | 0.35 | |
| 28 | 8:30 | | 0.40 | |
| 29 | 7:14 | | 0.40 | |
| 30 | 7:40 | | 0.30 | |
| 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: / /

Date it was returned to service: / /

Printed Name: Title:

Signature: Phone #: (541) 395 2698

Date: / /

Operator Certification #:

OR

Small Groundwater System ☐

December 19, 2012