## Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin Water Ave, PWS ID# 41 00510  System Name City of Maupin Water Ave, Required Minimum Residual & 30 mg/L						
Month/	Month/Year Sept/2005 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	513 1-6	2-3	0,66		
2	6 35			ماماره	Runnis	10
3	6 48	/		0.65	Kunni	NO!
4	7:05			0.67	Runner	
5	6.47			عاما، ٥	Running	
6	7.8			0.67	Kurrin	
7	7 28			ما الماه	Kunne	
8	7:09			0,65	Rume	~
9	6 49			0,65	Runnin	ago
10	6 58			0.65		
11	7 10			0.65		and the second
12	7:11	\		0.59		
13	720			0.67		
_	7,44	1		80,0		
14	7.14	1		0.64	Rune	se
15	-	1		0.67	Ruman	na
16	7.00	· · · · · · · · · · · · · · · · · · ·		0.65	Runi	na
17	7:04	1		0.67		7
18	7.12		1	0,68	Runner	101
19	7,00		1	0,67	Runni	2
20	654		1	0,66	Russe	77
21	7 39		_	0,65	Rume	10
22	6 58			0.67	Laure	3
23	7:05			0.61	<del> </del>	
24	7:11			0,62	Runner	
25	7 08			0.67	Runni	9
26	6:53			84.0	Kunne	ng
27	7 U		<i></i>	0,70	9	
28	8 12		/	0.67	Runn	
29	6,47	/		ماما، ٥	Nunn	ing
30	7:06	(		0.67	1	
<b>(2)</b>		1		L`		
Wasti	ne chlorine res	sidual ever less than the	required minimu		Yes No	
If yes.	what was the	longest time period unti ext business day.	I the required lev	rel was restored? hours	- <u>lf&gt;4 hours, D</u>	rinking Water Program to be
	-	3,300 or Fewer		<b>GWS Serving M</b>	ore Than 3,3	00
if yes,	_	tor every four hours	Did continuous	monitoring equipment fail at any time this h? Yes No Date continuous monit		Date continuous monitoring equipment failed:
		Yes No			hours until the	1 1
If yes, were gran samples sometimes the service of Detail these and					Date it was returned to	
10				Yes No		service:
			Attach grab sample results and submit them with this form.		rith this form.	1 1
Printed Name: Operator Certification #:						
Signature: Phone # (541) OR					OR	
Small Groundwater System						
Date: 1 December 19, 2012						

## State of Oregon Drinking water Program Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin  System Name City of Maupin  PWS ID# 41 00510  Month/Year Sept. /2025 Entry Point: Springs Plump House Required Minimum Residual 0 30 mg/L						
Date	Time	Source(s) în use		Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes	
-	11100	513 1-2-3		0.45	Row	ning
1.	11169			0,46	Running	
2	6:45	· · · · · · · · · · · · · · · · · · ·		0.65	1	
3	7.01			0.44		
	716			0,47	Russia	100
5	7:00				0.67	
6	7.35			0,67		
7	740					
8	7:20			0.75		
9	7:05			0.69		
10	7 11			0,60	0	
11	7.24			0.49	Ruming	
12	726	\	•	0,60		
13	7.37			0.45	Runnit	9
14	8:06			0.67		
15	7:27			0.50	Running	
16	7.20			0,44	Rumin	
17	7 26			0.42	Rynning	
18	7.27			0.67		<b>→</b>
19	7 16	1	1	0.47	Running	
-			1	0.50	Running	
20	7:05			0,60	/ Saprace	7
21	7:50			0,68		
22	7/2			0.74		
23	717			0.64	1	
24	7 27					
25	7 22			0.165		
26	7.07			0.47	Rumer	9
27	1 00		/	0.67	<b></b>	
28	8 24		/	0.66	7	166
29	7:03	/			Kunn	ng
30	7,23	(		84.0		
Was the	chlorine res	idual ever less than the	required minimus		Yes No	
If yes, w	what was the by end of ne	longest time period unti o <u>xt business day.</u>	I the required leve	el was restored? hours -	- <u>If &gt; 4 hours, D</u>	rinking Water Program to be
-	THE RESERVE	3,300 or Fewer		GWS Serving Mo	ore Than 3,3	00
	-		Did confinitute		11	Date continuous monitoring
	no you mome residual retu	or every four hours imed to .mg/L	reporting month	old continuous monitoring equipment fail at any time this equipment partial at any time this equipment fail at any time this e		
as requ					and the	1 1
•		_	If yes, were gra	b samples collected every four i	nours und vie	Date it was returned to
		and submit them with	continuous mon required?	nitoring equipment was returned to service as		service:
this form.			Attach grab sample results and submit them with this		th this form.	1 1
Printed Name:				The second	Operator Certification #	
8			Dho	m# (SUL)	OR	
Signature:			Phone # (541)		Small Groundwater System	
Date:	1	<i>l</i>		395 2698	Small Gr	
						December 19, 2012

## Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin  PWS ID# 41 00510  Month/Year Sept / 2005 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.		513 1-2	2-3					
2	7:30			0.46				
3	7 24	/		0.41				
4	7 32			0.50				
5	714			0.45		•		
6	7 48			0.42				
7	7:35			0.43				
8	7:25			0,41				
9	7.15			0.59				
10	725			0,46				
11	727			0,53				
12	7:40			0,50				
13	7,40			0.45				
14	8100	1		0.46				
15	7:45			0 48				
16	7 37	1		0.42				
17	7 45			0.86				
18	7:45	\		0.94				
19	7.25		1	0.40	-			
20	7:25		1	0.50				
21	7:45		1	0.41				
22	7:25			0,30				
23	7.30			0.30				
24	7:45			0,30				
25	7 40		i	0.70				
26	7 25		i	0.30				
27	7 30		1	0.35				
28	8:30		/	0,40				
29	7.14	/		0.40	Vi			
30	7:40	(		0,30				
慧								
0.00	o chlorina ra	cidual over less than the	required minimu	m residual of		☐ Yes ☐ No		
Was the chlorine residual ever less than the required minimum residual of mg/L?								
GW	S Servina	3,300 or Fewer		GWS S	erving l	Nore Than 3,3	300	
If was did you monitor every four hours Did continuou				s monitoring equipment fail at any time this th?   Yes   No		Date continuous monitoring equipment failed:		
	dildi dio romania				ab samples collected every four hours until the		1 1	
Attach those results and submit them with continuous many this form			continuous mo	onitoring equipment was returned to service as		Date it was returned to service:		
			Attach grab sample results and submit them with this form.			with this form.	1 1	
Printed	Printed Name: Operator Certification #:					r Certification #:		
Dhona				ne#.(541)			OR	
Signature: 395 2698 Small Groundwater System				mundwater System				
Date:	1	1		275 06	10	Critati G	December 19 2012	

December 19, 2012