

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

System Name City of Maupin Water Ave  
Month/Year Oct. 1, 2025 Entry Point: Lower Res.

PWS ID# 41 00510

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	7:11	SB 1-2-3	0.166	Running
2	6:58		0.165	
3	7:08		0.165	
4	7:32		0.165	
5	7:26		0.165	
6	6:52		0.162	
7	7:03		0.58	
8	7:06		0.56	
9	7:09		0.56	
10	7:07		0.57	
11	7:45		0.166	
12	7:33		0.165	
13	6:45		0.163	
14	7:26		0.160	
15	7:33		0.58	
16	7:03		0.163	
17	7:65		0.64	
18	9:26		0.65	
19	8:45		0.75	
20	7:18		0.55	
21	6:58		0.58	
22	7:09		0.168	
23	6:53		0.166	
24	6:15		0.164	
25	7:06		0.165	
26	7:39		0.58	
27	7:45		0.52	
28	6:49		0.54	
29	6:56		0.57	
30	7:26		0.48	
31	7:03		0.44	

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) \_\_\_\_\_

OR

Date: 1 / 1

395 2698

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 PWS ID# 41 00510  
 Month/Year Oct 1/2025 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	7:23	SB 1-2-3	0.75	
2	7:12		0.75	
3	7:23		0.66	
4	7:42		0.71	
5	7:39		0.63	
6	7:56		0.47	Running
7	7:18		0.62	
8	7:23		0.73	
9	7:23		0.63	
10	7:21		0.62	
11	7:55		0.63	
12	7:46		0.46	Running
13	6:55		0.50	Running
14	7:51		0.61	
15	7:59		0.81	
16	7:17		0.63	
17	7:26		0.78	
18	9:15		0.68	
19	8:55		0.59	
20	7:23		0.43	
21	7:20		0.65	
22	7:23		0.67	
23	7:07		0.45	Running
24	6:30		0.62	
25	7:20		0.80	
26	7:53		0.70	
27				
28	7:04		0.63	
29	7:09		0.63	
30	7:40		0.62	
31	7:24		0.59	

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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 1 1

Phone #: (541)

395 2698

Operator Certification #: \_\_\_\_\_

OR

Small Groundwater System ☐

December 19, 2012

# Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin

PWS ID# 41 00510

Month/Year Oct. 1 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	7:40	SB 1-2-3	0.56	
2	7:25		0.65	
3	7:26		0.71	
4	7:55		0.60	
5	7:55		0.56	
6	7:27		0.44	
7	7:42		0.30	
8	7:38		0.58	
9	7:40		0.30	
10	7:42		0.51	
11	7:45		0.56	
12	8:00		0.55	
13	8:00		0.76	
14	8:15		0.74	
15	8:30		0.76	
16	7:37		0.34	
17				
18				
19				
20	8:00		0.61	
21	7:40		0.30	
22	7:37		0.36	
23	7:20		0.45	
24	6:40		0.30	
25	7:35		0.57	
26	8:00		0.63	
27	8:00		0.63	
28	7:15		0.60	
29	7:24		0.59	
30	8:00		0.62	
31	7:55		0.61	

Was the chlorine residual ever less than the required minimum residual of 0.30 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) \_\_\_\_\_

OR

Date: 1 / 1

395 2698

Small Groundwater System ☐

December 19, 2012