

# Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin Water Ave PWS ID# 41 00510  
 Month/Year Nov. 1 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	7:26	SB 1-2-3	0.416	
2	6:58		0.416	
3	7:18		0.416	
4	6:56		0.43	
5	6:57		0.58	
6	6:42		0.63	
7	6:48		0.54	
8	8:30		0.61	
9	7:30		0.52	
10	8:00		0.66	
11	7:15		0.60	
12	7:40		0.56	
13	8:00		0.66	
14	8:30		0.68	
15	9:30		0.62	
16	9:00		0.65	
17	7:45		0.77	
18	5:59		0.66	
19	6:35		0.69	Running
20	6:23		0.66	
21	6:26		0.65	
22	7:28		0.62	
23	7:21		0.52	
24	6:33		0.54	
25	6:24		0.48	
26	6:27		0.52	
27	6:40		0.56	
28	7:41		0.49	
29	7:00		0.44	
30	7:47		0.48	

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:   /  /  

395 2698

Small Groundwater System ☐

December 19, 2012

# Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin 399 Burnham PWS ID# 41 00510  
 Month/Year Nov/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	7:40	SB 1-2-3	0.64	
2	7:13		0.63	
3	7:35		0.67	
4	7:11		0.62	
5	7:08		0.45	Running
6	6:55		0.65	
7	7:00		0.56	
8	8:10		0.61	
9	7:15		0.77	
10	7:50		0.62	
11	8:15		0.61	
12	8:00		0.72	
13	7:35		0.69	
14	7:25		0.65	
15	9:15		0.65	
16	9:15		0.60	
17	7:55		0.58	
18	6:10		0.74	
19	6:48		0.49	Running
20	6:37		0.68	
21	6:41		0.71	
22	7:41		0.67	
23	7:32		0.62	
24	6:48		0.58	
25	6:38		0.61	
26	6:35		0.64	
27	6:50		0.66	
28	7:54		0.69	
29	7:08		0.60	
30	7:59		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)

Date: 1 / 1 / \_\_\_\_\_

395 2698

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 Nov. 1 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	7:55	SB 1-2-3	0.64	
2	7:50		0.51	
3	7:51		0.73	
4	7:27		0.55	
5	7:22		0.51	
6	7:07		0.62	
7	7:14		0.55	
8	8:00		0.50	
9	7:30		0.63	
10	7:30		0.63	
11	8:00		0.51	
12	8:30		0.42	
13	7:15		0.60	
14	7:46		0.47	
15	10:00		0.55	
16	9:30		0.51	
17	8:10		0.71	
18	6:25		0.95	
19	7:11		0.59	
20	6:52		0.87	
21	6:56		0.56	
22	7:54		0.60	
23	7:44		0.57	
24	7:00		0.50	
25	6:53		0.53	
26	6:45		0.50	
27	7:05		0.49	
28	8:05		0.55	
29	7:15		0.52	
30	8:20		0.48	

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 ☐