

State of Oregon  
Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin

Water Ave

PWS ID# 41 00510

Month/Year Nov./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	7:26	SB 1-2-3	0.46	
2	6:58		0.46	
3	7:18		0.46	
4	6:59		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	
20	6:23		0.66	Running
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:

1 1

Date it was returned to service:

1 1

Printed Name:

Title:

Operator Certification #:

Signature:

Phone #: (541)

OR

Date:

395 2698

Small Groundwater System

December 19, 2012

**State of Oregon**  
**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	7:43		0.63	
3	7:35		0.67	
4	7:11		0.62	
5	7:08		0.45	
6	6:55		0.65	
7	7:00		0.56	
8	6:40		0.61	
9	7:15		0.77	
10	7:50		0.62	
11	8:05		0.61	
12	8:00		0.72	
13	7:35		0.69	
14	7:25		0.65	
15	9:05		0.65	
16	9:15		0.60	
17	7:55		0.58	
18	6:10		0.74	
19	6:48		0.49	
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	
31				

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 **0.30 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

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. 2020 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		0.52	
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 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	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> 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: / /	Title: Phone #: (541) 395 2698	Operator Certification #: OR Small Groundwater System <input type="checkbox"/>