Monthly Disinfection Report for Ground Water Systems

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

Month/Year Dec /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	7:10	SB 1-2-3	0.60	
2	7:03		0.48	
3	7:13		0.56	
4	7:20		0.49	
5	7:20		0.49	
6	7:25		0.65	
7	8:05		0.48	
8	7:05		0.50	
9	7:24		0.51	
10	7:11		0.51	
11	7:13		0.49	
12	6:41		0.48	
13	7:30		0.54	
14	8:10		0.64	
15	6:55		0.50	
16	6:21		0.50	
17	8:06		0.54	
18	7:0		0.65	
19	6:23		0.65	
20	9:40		0.52	
21	9:00		0.51	
22	6:43		0.47	
23	7:16		0.51	
24	6:46		0.50	
25	7:20		0.57	
26	6:47		0.55	
27	7:00		0.51	
28	7:00		0.47	
29	6:27		0.47	
30	6:31		0.46	
31	6:30		0.60	

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? ☐ Yes ☐ No Attach those results and submit them with this form.	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) 395 2698	OR Small Groundwater System ☐
Date: / /		

Monthly Disinfection Report for Ground Water Systems

System Name	City of Maupin	399 Burnham	PWS ID#	41 00510

Month/Year **Dec /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	7:00	SB 1-2-3	0.68	
2	6:50		0.68	
3	7:00		0.48	Running
4	7:06		0.58	
5	7:06		0.63	
6	7:30		0.67	
7	8:15		0.58	
8	6:57		0.65	
9	7:12		0.67	
10	7:00		0.63	
11	6:57		0.50	
12	6:30		0.67	
13	7:38		0.56	
14	8:20		0.70	
15	6:45		0.64	
16	6:10		0.60	
17	8:30		0.64	
18	7:40		0.61	
19	6:31		0.48	Running
20	9:00		0.61	
21	9:15		0.59	
22	6:55		0.57	
23	7:07		0.57	
24	6:40		0.61	
25	7:28		0.61	
26	6:40		0.60	
27	7:06		0.59	
28	7:07		0.56	
29	6:34		0.54	
30	6:42		0.55	
31	6:40		0.60	

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) 395 2698	OR
Date: _____ / _____ / _____		Small Groundwater System ☐

December 19, 2012

State of Oregon
Monthly Disinfection Report for Ground Water Systems

System Name City of Maupin East Maupin PWS ID# 41 00510

Month/Year Dec./2005 Entry Point 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	6:44	SB 1-2-3	0.53	
2	6:35		0.55	
3	6:45		0.46	
4	6:46		0.51	
5	6:46		0.47	
6	7:50		0.43	
7	7:40		0.57	
8	6:36		0.56	
9	7:05		0.49	
10	6:43		0.54	
11	6:45		0.72	
12	6:15		0.53	
13	7:43		0.53	
14	8:40		0.80	
15	6:30		0.35	
16	5:55		0.36	
17	8:45		0.34	
18	8:00		0.34	
19	6:45		0.34	
20	8:15		0.35	
21	10:00		0.36	
22	7:05		0.32	
23	6:45		0.52	
24	6:30		0.76	
25	7:35		0.55	
26	6:30		0.65	
27	7:15		0.32	
28	7:16		0.32	
29	6:42		0.45	
30	6:56		0.56	
31	6:50		0.54	

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: ___/___/___

Title: _____

Phone #: (541) 395 2698

Operator Certification #: _____

OR

Small Groundwater System ☐

December 19, 2012