

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

System Name **City of Maupin** **East Maupin**
 Month/Year **Jan/2020** Entry Point:

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	8:00	SB 1-2-3	0.30	
2	8:10		0.31	
3	8:00		0.31	
4	9:00		0.30	
5	6:50		0.30	
6	6:40		0.30	
7	6:57		0.32	
8	6:52		0.33	
9	6:30		0.36	
10	8:30		0.35	
11	8:15		0.37	
12	6:15		0.36	
13	6:15		0.35	
14	6:30		0.36	
15	6:20		0.36	
16	6:20		0.44	
17	7:20		0.34	
18	7:32		0.38	
19	7:42		0.44	
20	6:15		0.40	
21	6:22		0.34	
22	6:15		0.33	
23	6:20		0.40	
24	8:30		0.33	
25	9:00		0.40	
26	6:15		0.42	
27	6:15		0.33	
28	7:06		0.33	
29	6:25		0.33	
30	6:45		0.34	
31	9:05		0.43	

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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: (541) 395 2698	OR
Date: 1 / 1		Small Groundwater System <input type="checkbox"/>

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

System Name City of Maupin PWS ID# 41 00510
 Month/Year Jan/2020 Entry Point: Water Ave 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	9:00	SB 1-2-3		0.47
2	8:00			0.42
3	8:00			0.43
4	9:15			0.42
5	6:30			0.47
6	7:00			0.50
7	6:30			0.43
8	6:30			0.43
9	6:53			0.44
10	9:15			0.39
11	9:20			0.38
12	6:32			0.50
13	6:33			0.42
14	6:45			0.41
15	6:45			0.43
16	6:44			0.42
17	7:00			0.40
18	7:15			0.58
19	7:30			0.43
20	6:33			0.43
21	6:42			0.42
22	6:40			0.42
23	6:41			0.35
24	9:41			0.62
25	8:00			0.43
26	6:40			0.39
27	6:40			0.41
28	6:45			0.46
29	6:40			0.41
30	6:25			0.35
31	10:45			0.50

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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: _____ Title: _____ Operator Certification #: _____
 Signature: _____ Phone #: 541 395 2698 OR
 Date: 1 1 Small Groundwater System

**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 **Jan/2020** 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	8:46	SB 1-2-3	0.64		
2	8:00		0.63		
3	8:00		0.67		
4					
5	6:40		0.59		
6	6:49		0.53		
7	6:39		0.66		
8	6:40		0.49		
9	6:41		0.52		
10	9:10		0.55		
11	9:05		0.56		
12	6:25		0.59		
13	6:26		0.55		
14	6:37		0.57		
15	6:30		0.53		
16	6:32		0.56		
17	7:12		0.56		
18	7:25		0.62		
19	7:37		0.57		
20	6:22		0.63		
21	6:28		0.48	Running	
22	6:25		0.63		
23	6:30		0.61		
24	9:20		0.51		
25	9:20		0.56		
26	6:25		0.57		
27	6:25		0.60		
28	6:55		0.60		
29	6:29		0.62		
30	6:35		0.72		
31	9:45		0.56		

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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed:</p> <p align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: _____ Title: _____ Operator Certification #: _____
 Signature: _____ Phone #: **(541) 395 2698** OR
 Date: **1 1** Small Groundwater System