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

| System Name City of Maupin Lower Res, PWS ID# 41 00510  Month/Year 2021 Entry Point: Water Ave. Required Minimum Residual 0.30 mg/L |   |  |   |                                |  |  |  |
|---|---|--|---|--------------------------------|--|--|--|
| Date  | Time                                    | Source(s) i                                  | Lowest free chlorine residual at entry point to distribution system (rng/L)       |                                | Notes  |  |  |
| 1   | 2538                                    | SB 1/  | 2/3   | 0.56                           |  |  |  |
| 2   | 11:44                                   |  | 7   | 0.61                           |  |  |  |
| 3   | 11:57                                   |  |   | 0.40                           |  |  |  |
| 4   | BIZZ                                    |  |   | 0,45                           |  |  |  |
| 5   | 8147                                    |  |   | 0,52                           |  |  |  |
| 6   | 7:27                                    |  |   | 0.55                           |  |  |  |
| 7   | 7:06                                    |  |   | 0.52                           |  | Wildowsky Programmy Company Company          |  |
| 8   | 7:09                                    |  |   | 0.64                           |  |  |  |
| 9   | 11:02                                   |  |   | 0.48                           |  | -  |  |
| 10  | 10:39                                   |  |   | 0.50                           |  |  |  |
| 11<br>12  | 7:47                                    |  | <b>\</b>  | 0.59                           |  |  |  |
| 13  | 7:30                                    |  | 1   | 0.51                           | <del>                                     </del> |  |  |
| 14  | 7:30                                    |  | 1   | 0.51                           |  |  |  |
| 15  | 7:49                                    |  | -   | 0.58                           |  |  |  |
| 16  | 9:25                                    |  |   |                                | 10   |  |  |
| 17  | 9:41                                    |  | <del></del>   | 0.62                           | 1 Du   | nning  |  |
| 18  | 9150                                    |  | <del> </del>  | 0,58                           | +  |  |  |
| 19  | 2114                                    |  | /   | 0.51                           |  |  |  |
| 20  | 8110                                    | <i> </i>                                     | <del></del>   | 0,61                           |  |  |  |
| 21  | 7:19                                    | I  |   | 0.55                           |  |  |  |
| 22  | 7:41                                    |  |   | 0.64                           | +  | •  |  |
| 23  | 8:36                                    |  |   | 0.50                           |  |  |  |
| 24  | 9:30                                    |  | 7   | 0.47                           |  |  |  |
| 25  | 7:30                                    |  |   | 0.64                           |  |  |  |
| 26  | 7:30                                    |  |   | 0,50                           |  | · · · · · · · · · · · · · · · · · · ·        |  |
| 27  | 7:45                                    |  |   | 0.51                           |  |  |  |
| 28  | 7:28                                    |  |   | 0.68                           |  |  |  |
| 29  | 7:33                                    |  |   | 0.51                           |  |  |  |
| 30  | 11772                                   |  |   | 0.61                           |  |  |  |
| 31  | 8:13                                    | (  |   | 0.72                           |  |  |  |
|   |   | sidual ever less than the                    |   |                                | ] Yes ☐ No                                       |  |  |
| If yes,<br>notified   | what was the<br>i by end of ne          | longest time period unt<br>ext business day. | il the required lev   | rel was restored? hours        | - <u>If &gt; 4 hours, D</u>                      | brinking Water Program to be                 |  |
| GW  | S Serving                               | 3,300 or Fewer                               |   | GWS Serving N                  | Nore Than 3,3                                    | 300  |  |
| If yes, did you monitor every four hours until the residual returned to ma/L  |   |  | Did continuous monitoring equipment fail at any time this reporting month? Yes No |                                |  | Date continuous monitoring equipment failed: |  |
| as req  | 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | Yes No                                       | If yes, were grab samples collected every four hours until the                    |                                |  |  |  |
| Attach those results and submit them with this form.  |   |  | continuous monitoring equipment was returned to service as required? Yes No       |                                |  | Date it was returned to service:             |  |
|   |   |  | Attach grab sa  | mple results and submit them t | with this form.                                  | 1 1  |  |
| Printed Name: Kirk Shields  |   |  | Title: Fore man   |                                | Operator Certification #:                        |  |  |
| Signatu   | re:                                     | 1 Shil                                       | Phone # (541)   |                                | OR D-09131                                       |  |  |
| Date:   |   | 1  |   | 395-2684                       | Small Groundwater System                         |  |  |

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

| System Name City of Maupin Springs Pump PWS ID# 41 00510  Month/Year \( \sum \) \( \sum |            |                  |  |  |                                      |  |  |
|---|------------|------------------|--|--|--------------------------------------|--|--|
| Date  | Time       | Source(s) in use |  | Lowest free chlorine residual at entry point to distribution system (mg/L)     | Notes                                |  |  |
| 1.  | 0108       | 5B 1/            | 2/3  | 10,61  |                                      |  |  |
| 2   | 11:05      |                  | 1  | 0.71   |                                      |  |  |
| 3   | 11:48      |                  |  | 0.40   |                                      |  |  |
| 4   | 8.24       |                  |  | 0.52   |                                      |  |  |
| 5   | 859        | . 8/8            |  | Uiss   |                                      |  |  |
| 6   | 7194       | - 100            | -  | 0.50   | Runn                                 | pri  |  |
| 7   | 7:24       |                  |  | 0.62   |                                      | 7  |  |
| 8   | 7.06       | B E              | <del></del>  | ماما، ٥  |                                      |  |  |
| 9   | 11:17      |                  |  | 0,40   |                                      |  |  |
| 10  | 10:47      |                  | <del></del>  | 6,64   |                                      |  |  |
| 12  | 7:50       |                  | The second secon | 0,64   |                                      |  |  |
| 13  | 7:47       |                  |  | 0.63   | +                                    |  |  |
| 14  | 7:58       |                  |  | 0.63   |                                      |  |  |
| 15  | 8:18       |                  |  | 0.60   | <del> </del>                         |  |  |
| 16  | 9:38       |                  |  | 0.48   | Run                                  | 100  |  |
| 17  | 9:57       |                  |  | 0,60   | T.COVEV                              | CLV S  |  |
| 18  | 10:04      |                  |  | 0.62   |                                      |  |  |
| 19  | 6127       |                  | ****   | 0,51   |                                      |  |  |
| 20  | 8120       |                  |  | 0,58   | - 3                                  |  |  |
| 21  | 7:36       | 1                |  | 0.63   | 1                                    |  |  |
| 22  | 8:05       |                  |  | 0.67   |                                      | W. 3   |  |
| 23  | 8147       |                  |  | 0,50   |                                      | A STATE OF THE STA |  |
| 24  | 9240       |                  |  | 0,59   |                                      | 1  |  |
| 25  | 7:47       |                  |  | 0.51   | Rum                                  | ine  |  |
| 26  | 7:48       |                  |  | 0.68   |                                      | 7  |  |
| 27  | 8:09       |                  |  | 0,66   |                                      |  |  |
| 28  | 7:46       |                  |  | 0.67   |                                      |  |  |
| 29  | 17:46      |                  |  | 0.65   |                                      |  |  |
| 30<br>31  | 8:20       |                  |  | 0,66   | <del> </del>                         |  |  |
| 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.   |            |                  |  |  |                                      |  |  |
| GW  | /S Serving | 3,300 or Fewer   |  | GWS Serving N  | Nore Than 3,3                        | 300  |  |
| If yes, did you monitor every four hours until the residual returned to mg/L  |            |                  | Did continuous monitoring equipment fail at any time this reporting month?   Yes  No   |  |                                      | Date continuous monitoring equipment failed:   |  |
| Attach those results and submit them with   conf  |            |                  |  | rab samples collected every fou<br>onitoring equipment was returned<br>Yes  No | / / Date it was returned to service: |  |  |
| Attach  |            |                  |  | ch grab sample results and submit them w                                       |                                      | 1 1  |  |
| Printed Name: Kirk Shields  |            |                  | Title: Fore man  |  | Operator Certification #:            |  |  |
| Signature: Phone # (541)  OR D-C913   |            |                  |  |  | OR D-09131                           |  |  |
| Date: / /   |            |                  | 395-2684   |  | Small Groundwater System             |  |  |

December 19, 2012

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

| System Name City of Maupin East Maupin PWS ID# 41 00510  Month/Year Jav 2021 Entry Point: Required Minimum Residual 0,30 mg/L  |                 |                      |   |                      |              |                                  |                            |  |
|--|-----------------|----------------------|---|----------------------|--------------|----------------------------------|----------------------------|--|
| Date   | Time            | Source(s)            | Lowest free chlorine  |                      | <u>}</u>     | Notes                            |                            |  |
| 1  | 10100           | 58 11                | 2/3   | 0,36                 | <u> </u>     |                                  |                            |  |
| 2  | 10100           |                      | 7   | 0,33                 |              |                                  |                            |  |
| 3  | 1020            |                      |   | 0.30                 |              | Agus 19                          | - Table 1                  |  |
| 4  | 8:38            |                      |   | 0,39                 |              |                                  |                            |  |
| 5  | 9/13            |                      |   | 0,36                 |              | 22.5                             | NV CONTRACTOR              |  |
| 6  | 7:58            | , , ,                | *   | 0.47                 |              |                                  |                            |  |
| 7  | 7:40            |                      |   | 0.48                 |              |                                  |                            |  |
| 8  | 7:55            |                      |   | 0.47                 |              |                                  |                            |  |
| 9  | 11145           |                      |   | 6141                 |              | - 4                              |                            |  |
| 11   | 1100            |                      |   | 0.42                 |              |                                  |                            |  |
| 12   | 8:34            |                      |   | 0.44                 |              |                                  |                            |  |
| 13   | 8:05            |                      |   | 0,44                 |              |                                  |                            |  |
| 14   | 8110            |                      |   | 0.42                 |              |                                  |                            |  |
| 15   | 8:50            |                      |   | 0,46                 |              |                                  | -                          |  |
| 16   | 9:35            |                      |   | 0.48                 |              | +                                |                            |  |
| 17   | 10:15           |                      |   | 0,46                 | ١            |                                  |                            |  |
| 18   | 10:30           |                      |   | 0.48                 |              | _                                |                            |  |
| 19   | 8:42            |                      |   | 0,34                 | ,            |                                  |                            |  |
| 20   | 8:35            |                      | ***************************************                                     | 0,48                 | <del>/</del> | <del></del>                      |                            |  |
| 21   | 8:09            |                      |   | 0.47                 | ,            | -                                | `                          |  |
| 22   | 8121            |                      |   | 0.48                 | 4            |                                  |                            |  |
| 23   | 8130            |                      |   | 0,46                 | ,            |                                  |                            |  |
| 24   | 9285            |                      |   | 0,48                 | 2            |                                  |                            |  |
| 25   | 8:06            |                      |   | 0,47                 | 1            |                                  | 1                          |  |
| 26   | 8:12            |                      |   | 0,48                 |              | N.                               |                            |  |
| 27   | 8:24            |                      |   | 0.45                 |              |                                  | -                          |  |
| 28<br>29   | 8:10            |                      |   | 0,45                 |              |                                  |                            |  |
| 30   | 8:04            |                      |   | 0.44                 | 0            |                                  |                            |  |
| 31   | 8130            | <del></del>          |   | 12,46                |              |                                  |                            |  |
|  |                 |                      |   | 12,47                |              |                                  |                            |  |
| 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. |                 |                      |   |                      |              |                                  |                            |  |
| GW:  | S Servina       | 3,300 or Fewer       |   | CINC C               | nina I       | More Than 3,3                    | 200                        |  |
|  |                 | or every four hours  | Did continue  |                      |              |                                  |                            |  |
| until the  | e residual reti | imed to mg/L         | reporting mont  | monitoring equipmer  | iciali at a  | any time this                    | Date continuous monitoring |  |
| as requ  | ired?           |                      |   |                      |              |                                  | equipment failed:          |  |
| Attach   | those results   | and submit them with | continuous mo   | ab samples collected | every for    | ir hours until the               | Deta ituus satuus 11       |  |
| this fon   | m.              | and the second       | continuous monitoring equipment was returned to service as required? Yes No |                      |              | Date it was returned to service: |                            |  |
| Attach grab sample results and submit them with this form. / /   |                 |                      |   |                      |              |                                  |                            |  |
| Printed Name: Kirk Shields Title: Fore wan Operator Certification #  |                 |                      |   |                      |              | L .                              |                            |  |
|  |                 |                      |   |                      |              |                                  |                            |  |
| Date: 1 / OR OTTO  |                 |                      |   |                      |              |                                  |                            |  |
| Date: 1 1 395 - ZLe 84 Small Groundwater System  |                 |                      |   |                      |              |                                  |                            |  |