## 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 Man / 2021 Entry Point Water Aut, Required Minimum Residual 0,30 mg/L							
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point t distribution system (mg/	o L)	Notes	
1	6:57	58	/2/3	0.61	-		
2	7:15		/ / .	0,53			
3	7:24			0.52			
5	2506			0,60			
6	8:06			0,54			
7	127		•	0.52			
8	9100			0,60			
9	7:12			0,56			
10	7:41			0.46			
11	7:11	<del></del>		0.55			
12	74.72			0.51		7	
13	8:00			0,53	1) 12		
14	8:44			0,60			
15	71.00			0.4)	_		
16	7:41	2		0,48			
17	7:33			0.57	<del></del>		
18	7113			0.46	<del>                                     </del>		
19	7:40			0,62	4172		
20	アンベケ			0.00			
21	8132			0.61			
22	805			0,44			
23	1.da			0,49			
24	7:15			0,63			
25 26	8:17			0,52			
27	7:40			0,1010		·	
28	12:38			0,53			
29	7:41			0,59			
30	7:34			0.49			
31	7:36			0.58	1		
		tual over loss than the		0.100	Runn	ing	
If yes, w	mat was the ic	dual ever less than the ongest time period unt t business day.	required minimulation in the required level		☐ Yes ☐ No	Drinking Water Program to be	
		,300 or Fewer		CIMO O			
If yes, di	id you monitor	every four hours	Did continue	GWS Serving	more Than 3,	1	
If yes, did you monitor every four hours until the residual returned to mg/L as required?  Yes No							
thin form			ff yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?				
Attach grab sample results and submit them with this form.							
Printed Name: Kirk Shields Title: Fore wan Operator Certification #					Certification #:		
Signature: K1541)  OR D-09131							
Date: 7     7							
395-Zle84 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 Max / 2021 Entry Point: 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	7:15	SB 1/2	1/3	0.56	7		
2	7:29		1=	0.58	+		
3	7:41			0.47	17	`	
4	7:38			0.47	Rynn	ung	
5	8118			0,57	Aunn	ing	
6	9,50			0,107			
7	10:12			0,44	Pos	4 h . r A P	
8	8137			60 6-2	1-01	nnor	
9	7:29			0,37	172		
10	7:59			0.47	Runn	ing	
11	7:35			0.75			
12	9:12	<del></del>		0.63			
13	8:17			0,65			
14	9:00			0.66	+		
15	827			0.63			
16	8:17						
17	7:57			0.13	1		
18	7:39			0.46	Runn	ing	
19				0.64			
20	8:09			0.63		,	
	8705			0,60	Tust	Shot off.	
21	8241			. 0.59	1000		
22	840			0.60			
23	7:37		0	0,45	Runn	ina	
24	7:40		709	0.63			
25	826			0.52			
26	8:01			0.63			
27	10:00			0,53			
28	10:04			0,73			
29	7:57			0.45	Runn	LIN CI	
30	7.49			0.6			
31	1.56	\		0,47	Rum	NAC	
Was the	e chlorine res	idual ever less than th	e required minimum	n residual of mg/L? [	] Yes ☐ No		
If yes, v	vhat was the	longest time period un xt business day.	til the required leve			Drinking Water Program to be	
GWS	Serving:	3,300 or Fewer		GWS Serving I	fore Then 2.5	200	
			Did continuous		1		
			reporting month	s monitoring equipment fail at any time this th?   Yes   No		Date continuous monitoring equipment failed:	
Attach those results and submit them with continu			If yes, were grat continuous mon required?	yes, were grab samples collected every four hours until the ontinuous monitoring equipment was returned to service as equired?  Yes No		/ / Date it was returned to service:	
			Attach grab sample results and submit them with this		with this form	Sciving.	
Drinted N. V. I. Cl. I.A.				Fore man			
Signature: Kighin				Phone #: (541)		Operator Certification #:  OR D-09131	
Date:	411	121		395-2684		Small Groundwater System	
	rature.					Joini L	

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

System Name City of Maupin Fact Maupin PWS ID# 41 00510  Month/Year May 2021 Entry Point Positive Posi							
Month/Year MW/2021 Entry Point: Required Minimum Residual 0,30 mg/L							
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point distribution system (mg	to	Notes	
1	8:15	1/2	13	0,46			
2	7:47			0.49			
3	8:33			6,48			
4	7:53			0.54			
5	815			054			
7	10:30			0.42			
8	8:45	l		0146			
9	7:42			0,44			
10	8:14	<del> </del>		0,50			
11	7:50			0.50			
12	7,40			0.44	4.2km2		
13	8:50			0,45			
14	9:20			0.50			
15	8145			0,47			
16	8:32			0,50			
17	8:15			0.48			
18	8:07			0,50			
19	8:28			0.52			
20	8115			0,5/			
21	8745			0.52	1 .	•	
22	8150			0,10			
23	7:52			0,51			
24 25	7:59			0.45			
26	8145			0.45			
27	10:00			0.50		*	
28	10:00	<u> </u>		0,45			
29	8:19			0,41			
30	7:59			0.45			
31	8124			0.50			
Was the	e chlorine res	idual ever less than the	a required minimum				
If ves. v	vhat was the	longest time period un	i the province loss		☐ Yes ☐ No		
notified	by end of ne	xt business day.	n nie redalen leas	a was restored? nou	15 - <u>17 &gt; 4 hours, C</u>	Drinking Water Program to be	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						RUU	
If yes, did you monitor every four hours Di			Did continuous monitoring equipment fail at any time this reporting month? Yes No			Date continuous monitoring	
as required? Tyes TNo				The state of the s		equipment failed:	
Attach those results and submit them with this form.						Date it was returned to	
*			Attach grab sample results and submit them with this form.			service:	
District V 1 Cl 1 N				Fore wan Operator Certification #:			
Signature: KIShi			4			OR D-09131	
Date: 41 12			Phone # (541) 395 - ZLe 84		Small G	Small Groundwater System	
	1			11) 0001	J Silidii G	outionaler System [_]	