

**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 **April/2021** Entry Point: **Water Ave** 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	7:31	1/2/3	0.51	
2	7:31		0.65	
3	9:00		0.60	
4	8:30		0.58	
5	7:26		0.63	
6	7:18		0.64	
7	7:20		0.52	
8	7:39		0.52	
9	7:27		0.57	
10	9:40		0.65	
11	9:28		0.67	
12	7:57		0.62	
13	8:22		0.56	
14	7:25		0.59	
15	7:07		0.65	
16	7:39		0.65	
17	8:30		0.61	
18	8:20		0.48	
19	8:42		0.40	
20	6:54		0.57	
21	7:25		0.58	
22	7:09		0.56	
23	7:38		0.68	Running
24	10:30		0.60	
25	9:12		0.56	
26	7:27		0.61	
27	7:29		0.67	Running
28	7:19		0.67	
29	7:20		0.61	
30	7:15		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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: **Kirk Shields** Title: **Foreman** Operator Certification #: _____
 Signature: *K. Shields* Phone #: **(541) 395-2684** OR **D-09131**
 Date: **5/7/21** Small Groundwater System

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

System Name City of Maupin

*Springs Pump
House*

PWS ID# 41 00510

Month/Year *April/2021* 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	7:46	<i>1/2/3</i>	0.45	
2	7:46		0.74	
3	7:38		0.54	
4	8:40		0.62	
5	7:40		0.64	
6	7:34		0.45	Running
7	7:35		0.68	
8	7:54		0.67	
9	7:43		0.66	
10	10:00		0.68	
11	9:44		0.51	Running
12	8:08		0.58	
13	8:35		0.60	long
14	7:42		0.49	Running
15	7:23		0.60	
16	7:56		0.45	Running
17	8:40		0.55	
18	8:30		0.61	
19	9:06		0.61	
20	7:11		0.47	Running
21	7:43		0.45	Running
22	7:28		0.75	
23	7:56		0.50	Running
24	10:33		0.48	
25	9:20		0.32	
26	7:38		0.64	
27	7:43		0.49	Running
28	7:39		0.65	
29	7:35		0.43	Running
30	7:38		0.52	
31				

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: *Kirk Shields*

Title: *foreman*

Operator Certification #:

Signature: *K. Shields*

Phone #: *(541)*

OR *D-09131*

Date: *5/7/21*

395-2684

Small Groundwater System

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

System Name City of Maupin

PWS ID# 41 00510

East Maupin

Month/Year *April / 2021* 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	7:59	<i>1/2/3</i>	0.51	
2	7:58		0.53	
3				
4	8:45		0.53	
5	8:09		0.56	
6	8:04		0.45	
7	7:54		0.47	
8	8:12		0.54	
9	8:05		0.53	
10	10:10		0.53	
11	9:54		0.51	
12	8:25		0.51	
13	8:40		0.49	
14	8:04		0.54	
15	7:45		0.52	
16	8:20		0.49	
17	8:40		0.50	
18	8:30		0.48	
19	9:25		0.57	
20	7:30		0.54	
21	8:11		0.48	
22	7:48		0.51	
23	8:25		0.52	
24	10:00		0.50	
25	10:00		0.43	
26	8:05		0.53	
27	8:01		0.55	
28	7:57		0.50	
29	7:55		0.44	
30	8:08		0.48	
31				

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: *Kirk Shields* Title: *Foreman* Operator Certification #: _____
 Signature: *K. Shields* Phone #: *(541) 395-2684* OR *D-09131*
 Date: *5/17/21* Small Groundwater System