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

System Name City of Maupin PWS ID# 4 1 00510							
System Name City of Maupin East Maupin Month/Year May / 2021 Entry Point: East Maupin Required Minimum Residual 0,30 mg/L							
MOUTH	real / los	4 / DO DE ENTRY P	OINC	\ Re	quired Minimun	Residual mg/L	
				Lowest free chlorine			
Date	Time	Source(s)	in use	residual at entry point to		Notes	
				distribution system (mg/L	.)		
1	10.30	55 1	2/3	0,50	IKS		
2	11130			6.50			
3	8:07			0.46			
4	7:37			0.45			
5	8:40			0.52			
6	8:26	 		0.56			
8	8:46			0.52			
0	10:00			0.50			
10	10:00			0,53			
11	8:10			0,50			
desperature and the same of th	8:18			0,50			
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	8:20	1		0,55			
14	8230			0.52	 		
15	840			0.40			
16	9:00			0 12			
17	8125			0.00			
18	8:15			12 701			
The state of the s	7:48			0.411			
20	7:51			0.42			
21	8:05			0.57	<u> </u>		
22	11/00			0,44			
23	10,30			0.44			
24	8:52			0.46			
25	8104		-	0,47			
26	8:03			0.52		-	
27	8111			0,50			
28	8:23			0.58			
<u>29</u> 30	3120			0.45			
31	1300			0130			
	0113			6.48			
AASS AK	e chome re	sidual ever less than the	required minimur] Yes ☐ No		
notified	by end of ne	longest time period unlext business day.	or the required leve	el was restored? hours	- If > 4 hours, D	rinking Water Program to be	
		3,300 or Fewer		· Olaro o			
			Did		GWS Serving More Than 3,300		
If yes, did you monitor every four hours Did countil the residual returned to mg/L reporti			penorting month	Did continuous monitoring equipment fail at any time this reporting month? Yes No		Date continuous monitoring	
as requi	and ordered and the	Yes No				equipment failed:	
Attach f	hase reculte		it yes, were gra	b samples collected every fou	r hours until the	1 1	
			continuous monitoring equipment was returned to service as required? Yes No		Date it was returned to		
			Attach grab sample results and submit them with this form.		with this farm	service:	
Printed Name: Kirk Shields Title:				Fore man	Fore Man Operator Cert		
Company 1/ 1 / 1 / 1				ie#(541)			
Data: (a.1.7.1.7.)							
•	7. (395-Zle84	Small Gr	oundwater System	

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

Date Time Source(s) in use residual at entry point to distribution system (mg/L) 1	System Name City of Maupin Springs Pws ID# 41 00510							
Dete Time Source(s) in use residual at entry point to distribution system (mg/L)	Month/	System Name City of Maupin Springs Pump PWS ID# 41 00510 Month/Year//2021 Entry Point: House Required Minimum Residual 0,30 mg/L						
2	Date	Time	Source(s)	in use	residual at entry point to		Notes	
3 7 47	1	10:50	SB 1/	2/3	0,47	Kes		
3 7 147	2	4:15			6,55	Righ	in in D	
1	3	7:47		The Port of the Person of the	0,100			
S	4	7:20		·			()	
Title: Fore warm Signature: Finited Name: Kink Signature: Signature: Kink Signature: Kink Signature: Kink Kink Signature: Kink Kink Signature: Kink Kink Signature: Kink	5	8:13			0.42	12	1	
8 8 3 34	6	7:49		*	0.45	R	The state of the s	
8 8:34 O.75 9 9:37 O.100 10 8:14 O.37 Running 11 7:48 O.47 Running 12 7:57 O.48 Running 13 8:02 O.45 Running 14 8:04 O.162 15 17 O.45 Running 16 6:25 O.45 Running 17 8:14 O.45 Running 18 7:57 O.48 O.45 19 7:25 O.48 20 7:35 O.48 21 7:46 O.45 Running 22 11:60 O.45 Running 23 4:19 O.45 Running 24 8:19 O.45 Running 25 7:35 O.48 O.45 Running 26 7:40 O.45 Running 27 7:47 O.45 Running 28 8:05 O.47 Running 29 8:35 O.45 Running 21 7:47 O.45 Running 22 11:40 O.48 Running 23 9:35 O.48 Running 24 8:19 O.45 Running 25 7:35 O.48 Running 26 7:40 O.45 Running 27 7:47 O.45 Running 28 8:05 O.47 Running 29 8:35 O.40 O.45 Running 29 8:35 O.40 O.45 Running 29 8:35 O.47 Running 20 7:35 O.48 Running 21 7:40 O.48 Running 22 11:40 O.48 Running 23 7:40 O.45 Running 24 8:19 O.45 Running 25 7:35 O.48 Running 26 7:40 O.45 Running 27 7:47 O.45 Running 28 8:05 O.40 O.45 Running 29 8:35 O.40 O.45 Running 20 7:35 O.40 O.45 Running 21 7:47 O.45 Running 22 11:40 O.48 Running 23 9:35 O.48 Running 24 8:19 O.45 Running 25 7:35 O.48 Running 26 7:40 O.45 Running 27 7:40 O.48 Running 28 8:05 O.40 Running 29 8:35 O.40 O.45 Running 20 7:35 Running 21 7:40 O.48 Running 22 11:40 O.48 Running 23 8:05 O.49 Running 24 8:19 O.45 Running 25 7:35 O.48 Running 26 7:40 O.45 Running 27 7:47 O.45 Running 28 8:05 O.49 Running 29 8:35 O.49 Running 20 7:35 Running 21 7:40 O.45 Running 22 11:40 O.48 Running 23 8:05 O.49 Running 24 8:19 O.45 Running 25 7:40 O.49 Running 26 7:40 O.49 Running 27 7:47 O.49 Running 28 8:05 O.49 Running 29 8:35 O.49 Running 20 7:35 Running 21 7:40 O.45 Running 22 11:40 O.48 Running 23 8:05 O.49	7	7:59			0.104	Trans	ing	
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10 \$7.48 0.147 Running 11 77.48 0.147 Running 12 77.57 0.148 Running 13 81.09 0.145 Running 14 \$7.74 0.162 15 \$7.72 0.145 Running 16 \$7.25 0.167 17 \$7.44 0.162 18 \$7.73 0.168 20 \$7.35 0.168 21 \$7.46 0.168 22 \$11.00 0.168 23 \$1.34 0.16 24 \$1.19 0.168 25 \$7.35 0.177 Running 26 \$7.140 0.145 Running 27 \$7.47 0.147 Running 28 \$3.05 0.147 Running 29 \$7.35 0.168 30 \$1.40 0.168 Running 21 \$1.40 0.168 Running 22 \$11.00 0.168 Running 23 \$1.34 0.166 Running 24 \$1.19 0.168 Running 25 \$7.35 0.167 Running 26 \$7.140 0.142 Running 27 \$7.47 0.147 Running 28 \$3.05 0.147 Running 29 \$7.35 0.168 Running 20 \$7.35 0.168 Running 21 \$1.40 0.168 Running 22 \$11.00 0.168 Running 23 \$1.34 0.166 Running 24 \$1.19 0.168 Running 25 \$7.35 0.168 Running 26 \$7.140 0.142 Running 27 \$7.47 0.147 Running 28 \$3.05 0.147 Running 29 \$7.35 0.168 Running 20 \$7.35 0.168 Running 20 \$7.35 0.168 Running 21 \$1.40 0.168 Running 22 \$1.100 0.168 Running 23 \$1.24 Running 24 \$1.19 0.168 Running 25 \$7.35 0.168 Running 26 \$7.140 0.168 Running 27 \$7.47 Running 29 \$1.35 0.168 Running 20 \$1.47 Running 21 \$1.40 0.162 Running 22 \$1.100 0.168 Running 23 \$1.24 Running 24 \$1.19 0.168 Running 25 \$7.35 0.168 Running 26 \$7.140 0.168 Running 27 \$7.47 Running 28 \$1.24 Running 29 \$1.35 Running 20 \$1.47 Running 21 \$1.40 Running 22 \$1.40 Running 23 \$1.40 Running 24 \$1.10 Running 25 \$7.35 Running 26 \$7.40 Running 27 \$7.47 Running 28 \$1.25 Running 29 \$1.25 Running 20 \$1.25 Running 21 \$1.25 Running 22 \$1.25 Running 23 \$1.25 Running 24 \$1.25 Running 25 \$7.35 Running 26 \$7.40 Running 27 \$1.40 Running 28 \$1.25 Running 29 \$1.25 Running 20 \$1.25 Running 21 \$1.25 Running 22 \$1.25 Running	9	9:37			0.1010			
13 8 0 0 0 45 Running 14 8 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10	814			7.59			
13 8 0 0 0 45 Running 14 8 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11	7:48		TO THE RESIDENCE OF A SECRETARIAN PROPERTY OF THE SECRETARIANT PROPERTY OF T	0 47	- P	1	
14 8 704 15 7/0 16 9/25 17 9/74 18 725 19 7/23 20 7/35 20 7/35 21 7/46 22 1/1/0 23 9/34 24 7/36 25 7/35 26 7/40 27 7/47 28 7/35 20 7/75 28 7/35 20 7/75 28 7/35 29 7/35 30 12/36 30 12/36 30 12/36 31 7/40 31 7/40 32 1/40 33 1/40 34 1/40 35 1/40 36 1/40 37 1/47 38 1/40 39 1/40 30 1/40	12	7:57			0.79	Dunn	ind	
14 Style 15 Style 16 Ctyle 17 Style 18 7:75 19 7:25 0 . Lo8 20 7:35 0 . Lo8 21 7:46 0 . Lo8 22	13	8:02			0170	Dunni	ng	
16 2125 217 227 228 227 235 248	14	8.24			0173	1/2nni	ing	
16 2125 217 227 228 227 235 248	15	8112			0100			
17 87/4 0.48 19 7/25 0.68 20 7/35 0.42 Running 21 7/46 0.66 22 1/40 0.66 25 7/35 0.77 26 7/40 0.47 Running 27 7/47 0.47 Running 28 3/05 0.47 Running 29 30 (236 0.47 Running Was the chlorine residual ever less than the required minimum residual of flyes, what was the longest time period until the required level was restored? hours—If >4 hours. Drinking Water Program to be routined 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. Did continuous monitoring equipment fail at any time this reporting month? Yes No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this required? Yes No Attach grab samples collected every four hours until the continuous monitoring equipment was returned to service:					066	1		
18 7:25 19 7:25 20 7:35 21 7:46 22 11'.10 23 6:34 24 7:19 25 7:35 26 7:47 27 7:47 28 8:05 29 8:3 30 12:36 31 50 Was the chlorine residual ever less than the required minimum residual of respective 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 No No No No No No N	17	8216			12000			
19 71 25 O. Lo8	18	7253						
20 7:35 21 7:46 22 11:00 23 7:35 24 8:19 25 7:35 26 7:40 27 7:47 28 8:05 29 8:3 30 12:36 31 7:27 31 7:	The second section is the second seco	7:23			210			
21 7:46 22 11 0	The Party of the P	7:35						
22						Kunn	ng.	
23	armeniated at the same of the				0.60			
24 \$119 25 7:35 26 7:40 27 7:47 28 3:05 29 8:33 30 (2:36) 30 (2:36) 31 \$\frac{1}{2} \text{Continuous} \text{ and the required minimum residual of mg/L? Yes \ \text{No hours - If > 4 hours \text{. 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 \ \text{No hours - If > 4 hours \text{. Drinking Water Program to be notified by end of next business day.} GWS Serving More Than 3,300 If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes \ \text{No hours - If > 4 hours \text{. Drinking Water Program to be notified by end of next business day.} Did continuous monitoring equipment fail at any time this reporting month? Yes \ \text{No hours - If > 4 hours \text{. Drinking Water Program to be notified by end of next business day.} Title: Fere way \ Operator Certification #: Operator C	23	GIZU						
25 7:35 26 7:40 27 7:47 28 3:05 30 12:36 30 12:36 31	THE RESIDENCE OF THE PERSONNEL PROPERTY.	8:19				D		
27 77:47 28 8:05 29 8:35 30 (2:36) Was the chlorine residual ever less than the required minimum residual of mg/L? Yes No fives, 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. Did continuous monitoring equipment fail at any time this reporting month? Yes No fives, 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. Printed Name: Kirk Shields Title: Fore was Operator Certification #: Signature: Phone #: (64) OR D-29:31	25	7:35			0.70	1/2uni	ng	
27 7:47 28 8:05 29 8:35 30 (2:37) Was the chlorine residual ever less than the required minimum residual of fives, 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 fives, 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 Attach those results and submit them with this form. Printed Name: Kirk Shields Title: Fore was Phone #: (64) Operator Certification #: Operator Certification #: Operator Certification #: Operator Certification #:	26	7:40			0.44	7	7	
29 8.33 30 [2.38] 31 Signature: Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? hours—If > 4 hours, Drinking Water Program to be hours—If > 4 hours, Drinking Water Program to	27	7:47		/	0.47	1 Cann		
Was the chlorine residual ever less than the required minimum residual of figes, 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. 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 those results and submit them with this form. Printed Name: Kirk Shields Title: Fore man Operator Certification #: Operator Certification #: OR Date: (64)	28	8:05			0.107	Minn	ng	
Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? hours—If > 4 hours, Drinking Water Program to be hours—If > 4 hours, Drinking W	29	8:35			6 .40			
Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? Was the chlorine residual ever less than the required minimum residual of If yes, what was the longest time period until the required level was restored? hours - If > 4 hours. Drinking Water Program to be	30	12:36			0.57			
If yes, what was the longest time period until the required level was restored? Comparison of the period until the required level was restored?	31	800			0:12			
If yes, what was the longest time period until the required level was restored? Comparison of the period until the required level was restored?	Was the	e chlorine res	idual ever less than the	required minimum	m residual of mail 2 F	Type Ma		
GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? Yes No If yes, did you monitor every four hours until the residual returned to mg/L as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab sample results and submit them with this form. If yes, were grab sample results and submit them with this form. If yes, were grab samples collected every four hours until the continuous monitoring equipment failed: If yes, were grab samples collected every four hours until the continuous monitoring equipment fail at any time this equipment failed: If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as r	If yes, w	what was the	longest time period unt	il the required leve			rinking Water Decement to be	
If yes, did you monitor every four hours until the residual returned to mg/L as required?	nonneo	by end or ne	XI business day.		J. 4440 1000014001	n 7 4 HOURS, L	nuiking vvaler Program to be	
If yes, did you monitor every four hours until the residual returned to mg/L as required?					GWS Serving N	lore Than 3.3	300	
as required?	If yes, d	If yes, did you monitor every four hours				1		
Attach those results and submit them with this form. If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service: If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? If yes, w				reporting month? Yes No				
Title: Fore was returned to service as required? Title: Fore was returned to service as required: Operator Certification #: Operator Certification #: OR Date it was returned to service: I place: (541) Operator Certification #: OR OR D-09131	•	as required?			b samples collected every four	r hours until the		
Printed Name: Kirk Shields Title: Fore wan Operator Certification #: Signature: Kirk Shields Phone #: (541) OR D-09131	Attach those results and submit them with this form.			continuous monitoring equipment was returned to service as			Date it was returned to	
Printed Name: Kirk Shields Title: Fore man Operator Certification #: Signature: Kirk Shields Phone #: (541) OR D-09131				Attach grab sample results and submit them with this form.		vith this form.	1 1	
Signature: Ki 5h. Phone # (541) OR D-09131		,	-K Shrelds		Fore water Operator Certification #		r Certification #:	
Date: (17 17 1	Signature	: _K	i 5h	/	/		OP D-09131	
	Date: (17 17 1							

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 May/2021 Entry Point Water Ave Required Minimum Residual 0,30mg/L							
Date	Time	Source(s)) in use	Lowest free chlorine residual at entry point to distribution system (mg/l	D L)	Notes	
1	1111Z	551/2/	5	0,49	15		
2	10:39	/ /		0.57	48		
3	7:35			0,55			
4	7:06			0.45			
5	7:57	-		0.50			
7	7:25			0.67	Runn	viva a	
0	7:40			0.50			
0	8:20			0.67			
40	9:13			0,66			
10	8202			0.53			
40	7:33			0.64			
12	7:40			0.68	Runn	ind	
13	1120			0.67	Runn	ince	
14	1.38			0,65			
15	8)09			0,56			
16	3117			0.61			
40	7152			0,65			
18	7:45	/		0,59			
19	7:06			0.57			
20	7.19			0.67			
21	7:26			0.57			
22 23	11/00			0,58			
	0,177			0,62			
24 25	8:06			0.62			
26	7:24			0.100			
27				0.65			
28	7:31			0.69			
29	7:00			0,54			
30	12:47			0.CC			
31	7:40			- 40			
Was the	chloring me	ideal mariane Hand		0109			
If ves u	what was the	idual ever less than the	e required minimur		Yes No		
ITOUNGU	ny enu or ne	longest time period uni d business day.	ui me required leve	was restored? hours	- <u>If > 4 hours, D</u>	rinking Water Program to be	
		3,300 or Fewer		- GWS Serving N	lore Than 3.3	300	
If yes, did you monitor every four hours until the residual returned to mg/L			Did		Date continuous monitoring equipment failed:		
Attach those results and submit them with this form. If you continued? If you continue the results and submit them with required? Attach those results and submit them with required.					photom (*)		
			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 it was returned to service:		
					/ /		
Printed Name: Kirk Shields.			Title:	Fore man	Operator	Operator Certification #:	
Signature: Kill 54			1	e#(541)		OR D-09131	
Date (17 12)							
				277- (1007	Small Gr	oundwater System []	