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/	Month/Year July/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	8:10	58 1/2	1/3	0.42			
2	8:11		1	0.42			
3	9:00			0.46			
4	9:10			0.43			
5	9:26			0.42			
6	8:26			0.46			
7	19:03			0.47			
8	7:58			0,47			
9	9:04			0.42			
10	10:30			0141			
11	10130		***************************************	0,43			
12	8:23			0.48			
13	7:59			0,49			
14	8:08			0.56			
15	9:00	4		0.35			
16	8:09			0,39			
17	11200		76. 1017000000	0.38			
18	8070			0,35			
19	8.25			0,35			
20	8:08			0.40			
21	8:03			. 0.37			
22	8138		7.00	0.46			
23	8:19			0.50			
24	11:00			0.44			
25	4:15			0.40			
26	9:30			0.36			
27	7:56			0.44			
28	8:53			0,45			
29	8045			0,45			
30	7:58		-	0,44			
31	10:09			0.43			
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		GWS Serving I	loro Then 2 5	nn -	
		or every four hours	Did continuous			1	
until the residual returned to mg/L reporting month? Yes No						Date continuous monitoring equipment failed:	
If yes, were gr				b samples collected every four hours until the // /			
Alaria Francisco			required?	itoring equipment was return	Date it was returned to		
				- Appendix	-21 M. F	service:	
Attach grab sample results and submit them with this form.							
Printed Name: Kirk Shields Title:				Fore man	Onerato	Certification #:	
Operation of the contract of t							
01							
Date:	151	4		395-2684	Small Gr	oundwater 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							
System Name City of Maupin Springs Pump PWS ID# 41 00510 Month/Year July 2021 Entry Point: House Required Minimum Residual 0.30 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m					n Residual 0,30 mg/L		
Date	Time	Source(s)	in use	Lowest free chloring residual at entry point distribution system (n	nt to		Notes
1.	7:45	53 1/3	2/3	0.39		Russ	3.0
2	8:11			0.42		Runn	ing
3	9:42				-	1300111	reg
4	8:15			0.62			
5	9:11			0.42		Russ	N-0
6	7:55		-	0,43		Runn	ing
7	8:44	200		0,62		1 1/20nin	N.G
8	7:33			0.63	***************************************		
9	8:29			0,42		12	
10	10126					Runn	ing
11	11:00			0.00			
12	8:05			0.61			
13	7:39			0.40		Runn	ing
14	7:48			0,42		Kunn	ixa
15	8:14			0.68			shatoff
16	315	× .	1	0.41	<u> </u>	Runn	ina
17	10120		1	0.39		Runni	na
18				0,40		•	
	7:05			0,43			
19	8115			0.41		0	
20	7:39					Rund	200
21	7:41	/			0,40 Ruy		
22	7:54	/				Runn	100
23	7:56					Rumina	
24	10:25			0.43			rich
25	10 128			0.40		A	nuna
26	9125		N N	0,41		Ru	
27	7:36			0.58		Kn	7
28	8:15			0,59			0
29	8:29			0.44		107	
30	7:30			0,47		Runh	
31	9:44			0,43		Runni	ing
Was the	chlorine resi	dual ever less than the	raminad minimus				ng.
If ves. w	that was the l	ongest time period uni	il the required less			Yes No	
notified	by end of nex	t business day.	n are reduited leas	a mas itsmitai. UC	ours —	IT > 4 nours, D	rinking Water Program to be
		,300 or Fewer		Citie o	_ 32		
		GWS Serving More Than 3,					
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No			reporting month	s monitoring equipment fail at any time this date continuous monitor equipment failed:			Date continuous monitoring equipment failed:
f voc wore are				samples collected every four hours until the		1 1	
COUNTINGE			CONTINUOUS MON	nuous monitoring equipment was returned to service as			Date it was returned to
una (UIII).			required? Yes No				service:
			Attach grab sample results and submit them w		en with		
Printed Name: Kirk Shields Title: A				Fore wan Operator Certification #:		•	
					OR D-09131		
Date: 7 12 (1 2)							
Date: 7 13 (12) Small Groundwater System [

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 July/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	D L)	Notes	
1	7:31	55 11	2/3	0.65		ning	
2	7:45	1	1	0.62	Russ	2,60	
3	19:20			0.69		CIVILY.	
4	7:45			0,60			
5	8:54			0.64	Running		
6	7:25			0.56	- Liver	ung	
7	7:36			0.62			
8	7113			0,61			
9	1018			0.62	Rum	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10	10:20			0.00	11000	TINCO.	
11	10:04	and the second second	4 . 1.	0.59			
12	7:27			0.63	R		
13	7:16			0.61	Bunn	ung	
14	7:22			0.61	Luna	ma	
15	7:50			0,60	Runn		
16	7:19			0.58	Runni	ing	
17	10230			0.58	nun	Mid	
18	7248			0.59	12		
- 19	8102			0.60			
20	7:20			0.58	R		
21	7:15			. 0.5%	Kunagna		
22	7:35			0.58	Runni		
23	7:28			0.59			
24	10:65			0,62	Kunn	no	
25	10:12			0.54	12.	11100	
26	8152			0,36	10	wing	
27	7:19			0,56	T K	80	
28	7:56			0.59	 		
29	8117			0,58	1		
30	7:04		-	0,60	Runn	L'in ai	
31	9:23			0.62	Runn		
Was the	e chlorine resi	idual ever less than the	e required minimun	n residual of mo/L?]Yes □ No	0	
If yes, w	vhat was the i	longest time period unt a <u>t business day.</u>	il the required leve		HOMOGENES	Prinking Water Program to be	
GWS	Serving 3	3,300 or Fewer		GWS Serving N	lora Than 2.5	200	
If yes, d	id you monito	or every four hours	Did continuous n			1	
until the residual returned to mg/L reporting month?				administration.			
Attach those results and submit them with free continuous me				ab samples collected every four hours until the / /			
				toring equipment was returne	Date it was returned to		
			required? Yes No			service:	
Attach grab sample results and submit them with this form.							
Printed Name: Kirk Shields Title: Gre				Governon T	O	Code	
Operation Carantesion #.						> x(.)	
UR WITH							
Date: 713(12) 395-ZL8Y Small Groundwater System							