

**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 Aug/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	9:58	SS 1/2/3	0.42	
2	8:04		0.43	
3	7:54		0.52	
4	8:04		0.46	
5	8:15		0.51	
6	8:20		0.48	
7	7:55		0.48	
8	8:45		0.41	
9	8:47		0.32	
10	8:20		0.40	
11	7:53		0.49	
12	8:20		0.50	
13	8:50		0.49	
14	8:30		0.47	
15	8:49		0.23	
16	8:22		0.49	
17	7:50		0.50	
18	7:25		0.52	
19	8:40		0.44	
20	8:45		0.44	
21	11:00		0.42	
22	11:30		0.48	
23	8:07		0.42	
24	8:19		0.49	
25	8:20		0.42	
26	8:02		0.43	
27	8:10		0.49	
28	11:00		0.45	
29	9:37		0.48	
30	8:19		0.44	
31	8:05		0.42	

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><b>GWS Serving 3,300 or Fewer</b></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>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed:</p> <p align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: Kirk Shields Title: Foreman Operator Certification #: OR D-09131  
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System   
 Date: 9/3/21

**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 **Aug/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	9:41	SB 1/2/3	0.42	Running
2	7:42		0.39	Running
3	7:31		0.59	
4	7:39		0.63	Running
5	7:52		0.41	Running
6	8:00		0.45	Running
7	7:49		0.52	
8	8:35		0.57	
9	8:31		0.50	
10	7:41		0.41	Running
11	7:28		0.42	Running
12	7:46		0.39	Running
13	7:45		0.42	Running
14	8:08		0.44	
15	8:22		0.40	Running
16	7:47		0.42	Running
17	7:06		0.45	
18	7:35		0.61	
19	8:12		0.50	
20	8:34		0.44	Running
21	10:00		0.40	Running
22	8:15		0.44	Running
23	7:37		0.66	
24	7:49		0.48	Running
25	7:42		0.73	Pump just shut off
26	7:42		0.43	Running
27	7:50		0.47	Running
28	10:41		0.50	
29	9:23		0.44	Running
30	7:36		0.68	
31	7:30		0.65	

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><b>GWS Serving 3,300 or Fewer</b></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>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>Attach grab sample results and submit them with this form.</p>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Kirk Shields Title: Foreman Operator Certification #: OR D-09131  
 Signature: [Signature] Phone #: (541) 395-2684 Small Groundwater System   
 Date: 9/3/21

**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 Aug/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	9:15	SB 1/2/3	0.69	Running
2	7:26		0.60	Running
3	7:09		0.60	Running
4	7:17		0.58	Running
5	7:31		0.62	Running
6	7:43		0.58	Running
7	7:42		0.60	
8	8:23		0.55	
9	8:15		0.51	
10	7:27		0.57	
11	7:12		0.58	
12	7:24		0.61	
13	7:20		0.59	
14	8:02		0.60	
15	8:12		0.56	Running
16	7:24		0.54	Running
17	7:20		0.55	
18	7:09		0.50	
19	7:50		0.60	
20	8:10		0.59	
21	9:35		0.50	Running
22	11:00		0.75	Running
23	7:15		0.63	Running
24	7:31		0.66	Running
25	7:25		0.60	Running
26	7:21		0.66	Running
27	7:31		0.62	Running
28	10:25		0.56	
29	9:09		0.63	
30	7:20		0.62	
31	7:10		0.66	

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date it was returned to service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: Kirk Shields Title: Foreman  
 Signature: [Signature] Phone #: (541) 395-2684  
 Date: 9/3/21

Operator Certification #: \_\_\_\_\_  
 OR D-09131  
 Small Groundwater System