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 Sept/2021 Entry Point Page 10 10 10 10 10 10 10 10 10 10 10 10 10							
Month/	Month/Year Sept/2021 Entry Point: Required Minimum Residual 0,30 mg/L						
Date	Time	Sourc	ce(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/l		Notes	
1	8:27	58	1/2/3	0,47			
2	8:28		, 1 1	0.41		ACCOUNTY OF THE PARTY OF THE PA	
3	8:14			0.48	-4 -		
4	8:30		,	0,48			
5	8125			0136			
6	8235			0.40			
7	8:15			0,34			
8	7:47	-	+	0.36			
9	8:23			0.33			
11	8:30			0.36			
12	10:00			0,36			
13	8:28			0.38			
14	8:11			0.46			
15	8:58			0.42		·	
16	9:01			0.34			
17	9:04			0.41			
18	[[:60			0.53			
·19	ITE IS			0.41			
20	8:19			0.39			
21	8:18	12		. 0.36			
22	8:48			0.35			
23	8:12			0.34			
24	8:49			0,53			
25	9:50			0.39			
26	11:10			0.38			
27 28	7:58			0,35			
29	8:26			0.34			
30	8:35		-	0.41			
25	araa			0,90			
	e chlorina rac	idual over loss the	The section devices		7		
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 Fewe		GWS Serving I	fore Than 2 2	200	
If yes, d	lid you monito	or every four hour.		monitoring equipment fail at a			
until the	residual retu	med to mg		? ☐ Yes ☐ No	my unic uns	Date continuous monitoring equipment failed:	
as requi		Stemant 1 1 0	If yes, were are	If yes, were grab samples collected every four hours until the / /			
Attach those results and submit them with this form.			with continuous mon				
			required?	☐ Yes ☐ No	2 10 001 1105 00	Date it was returned to service:	
			Attach grab san	ple results and submit them i	with this form.	1 1	
Printed Name: Kirk Shields			Con Title	Title: Fore man		Operator Certification #:	
					> 20.00		
Date 1 N. LL , 2 1					0.1		
Date: 101412 395-ZLe84 Small Groundwater System							

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

System Name City of Maupin Springs Rumb PWS ID# 41 00510							
System Name City of Maupin Springs Runp PWS ID# 41 00510 Month/YearSept. / 2021 Entry Point: House Required Minimum Residual 0.30 mg/L							
Date	Time	Source(s		Lowest free chloring residual at entry point distribution system (mg	to	Notes	
1	7:54		12/3	0.65			
2	7:46	5	ı	0.69			
3	7:5%	1		0.67			
4	8,21			0,65			
5	8515		3	0,63			
7	8503	1		0.61			
8				0.62	le-		
9	7:29			0.64			
10	7:44			0.100			
11	10116			0.64			
12	8:31			0,6			
13	8:08			0,76			
14	7:45		***************************************	0.45	Kunn	ing	
15	8:36			0.45	Runn	ing	
16	7:58			0.65			
17	8:02			.10	P	1	
18	11,00			0.45	Runn	ing	
· 19	11:20			0162			
20	7:51						
21	7:57			0.66	12	1	
22	8:07			0,65	Kunn	ing	
23	7:48			0:47	77		
24	8:26			0.48	Punn	ung	
25	9:36	\		0,43	Punn	ng	
26	10:54			0.63	- Australia	ing	
27	11:02			0147		74°	
28	7:33			0.69		- W	
29	8:03			0,46	Runn	`\^ A	
30	7:5%			0.45	Rum:		
was me	chlorine res	idual ever less than the	e required minimun	n residual of mg/L?	☐ Yes ☐ No		
nounce .	by chu or ne	longest time period uni dt business day.	il the required leve	l was restored? hour	rs— <u>lf>4 hours, C</u>	rinking Water Program to be	
		3,300 or Fewer		GWS Serving	More Than 2 3	enn	
If yes, did you monitor every four hours			Did continuous monitoring equipment fail at any time the				
until the residual returned to mg/L report as required? Tyes TNo			reporting month	? ∐Yes ∐No	Date continuous monitoring equipment failed:		
Attach those results and submit them with this form.			If yes, were grab	samples collected every for	1 1		
			continuous monitoring equipment was returned to service as required?			Date it was returned to	
						service:	
					with this form.	1 1	
Minted Name: Kirk Shields			Title:	Title: Fore man		Operator Certification #:	
signature: Kalah				Phone # (54 1)		> 200, 5:	
Adle: 1014121 395-2684 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-Sept/2021 Entry Point Water Ave Required Minimum Residual 0.30 mg/L							
Month/ Date	Year Jep Time		e(s) in use	Lowest free chlorine residual at entry point to		Residual 0,30 mg/L Notes	
	0170		f = /=	distribution system (mg/L)			
1	7:39	581	2/3	0,60			
2	7:28		<u> </u>	ماماره			
3	17:39			0.66			
5	313			A 5 F			
6	8000			0,65		-	
7	2:52			0,62			
8	7:14			0.3	Rec	7	
9	7:27			0,64			
10	7:19			0.64	+		
11	10:00			0.62			
12	10/13			0.56			
13	7:43			0.61	17		
14	7:09			0.65	Rum	ing	
15	7:29			0.64		With the Control of t	
16	7:31			0.59			
17	7:46			0.65	Runni	· ^ 0	
18	Diil			0,60		A	
19	1,50			CILL			
20	7:34			0.59			
21	7:32			. 0.64			
22	7:52			0.61			
23	7:28			0.104		· · · · · · · · · · · · · · · · · · ·	
24	8:10			0.61			
25	9:17			0.65	Runn	ina	
26	10:31			0.63		3	
27	10004			0.62			
28 29	7:39			0.60			
30	7:38		-	0.62			
201	1130		+	0.64	Runn	ing	
					<u> </u>		
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.							
	THE PROPERTY OF THE PARTY OF TH	3,300 or Fewer		GWS Serving N	ore Than 2.1	enn -	
If you did you monitor over for the second of the second o						ł	
	e residual ret		L reporting mon	nth? Yes No	Date continuous monitoring equipment failed:		
			If yes, were g	If yes, were grab samples collected every four hours until the / / continuous monitoring equipment was returned to service as Date it was returned to			
Attach those results and submit them with this form.			required?	onitoring equipment was returne ☐ Yes ☐ No	d to service as	Date it was returned to	
				The second secon		service:	
Printed Name: Kirk Shields Title: Fore wan Operator Certification #:							
Signature: Phone # (541) Operator Certification #: Operator Certification #: OR D-09131							
Date: /	014	12		395-Zle84		Small Groundwater System	