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 Oct / 2021 Entry Point Water Ave. Required Minimum Residual 0,30mg/L						
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point the distribution system (mg/	o L)	Notes
1	7:43	53 //	12/3	0.52	-	
2	8:59	/ .	101	0,54		
3	836			0:63	V	
4	9:01		·	0,53		7
5	8.04			0,01	18-	
6	2153.			0,40	12.	And it
7	8113			0253	l R	and the same of th
8	0.65		- Anna	13,57	6	
9	16135			6.47	I Ru	Λ
10	216		- Tarana	0,57	,	
12	7:25			0,50		
13	200			0,52		
14	7:33			0,58		
15	7:36		-	0.64		
16	12/1/50	` _		0.59	Rum	ing
17	10:07			0.40		<u></u>
18	7:18	and the state of t		0164		
19	7/3/		1	0.55	•	
20	8:05		1	0.63		
21	7:46			0,51		
22	7:27			0.62		
23	9:28			0,49		
24	10:01			0,55		
25	7:42			0,48		
26	7:32			0.47		*
27	8:12			0.43		
28	81/3			0,46		
29 30	2218			0,5		
31	1110			11.40		
				0,56		
If yes, v	vhat was the l	idual ever less than the longest time period unt kt business day.	e required minimun il the required leve		☐ Yes ☐ No s— <u>If>4 hours, D</u>	rinking Water Program to be
		3,300 or Fewer		CINC C	R	
			Did continues	GWS Serving		1
If yes, did you monitor every four hours Until the residual returned to mg/L reporting month?				nonitoring equipment fail at any time this?		Date continuous monitoring
as required? Yes No If yes, were g						equipment failed:
				samples collected every for	Data it was	
this form.			continuous monitoring equipment was returned to serv required? Yes No			Date it was returned to service:
Attach grab sample results and submit them with this form.						
Printed Name: Kirk Shields Title: Fore man Operator Certification #						
					OR D-09131	
<u>\</u>	1			195-Zle84	Small Gr	oundwater System

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

System Name City of Maupin Springs Runn PWS ID# 41 00510							
System Name City of Maupin Springs Pump PWS ID# 41 00510 Month/Year Oct / 202 Entry Point House Required Minimum Residual 0.30 mg/L							
Lowest free chlorine							
Date	Time	Source(s)) in use	residual at entry point to distribution system (mg/L		Notes	
1	8:05	56 1	2/3	0,65	,		
2	9:09		7	0.61			
3	8145			0.64	Ring		
4	9:10			0,62			
5	5>13			0,62	Roma		
6	8102			0,54	0		
7	8120			0,61	1Cm		
8	8)13			0,63	0		
9	10:47			0,60			
10	8123			0,62			
12	9236			0,60			
13	815			0,61			
14	7:49			0.69			
15	7:53			0.48	Runn	ing	
16	10:35			0.45	Kunn	ing	
17	10:32			0,50			
18	7:34		•	6160			
19	7:48			0.62			
20	8:22			0.64			
21	8:05			0.64	B		
22	7:44			0.45	17Kunv		
23	9:42			0.42	Run	ing	
24	10:15			0.46	Kunn	ing	
25	7:56			0.62	Kunn	ma	
26	7:49			0,63	+		
27	8123			0,48	10		
	8226			0,51	100		
29	8036		-	0,50	1		
30	10106			0.50			
31	11:09			0,49			
Was the	chlorine resi	idual ever less than the	e required minimu	m residual of mg/L?	Yes No		
If yes, w	that was the I	longest time period unt d business day.	iil the required leve	AND SECURITY OF THE PARTY OF TH		Drinking Water Program to be	
		3,300 or Fewer		GWS Serving M	ore Then 2 '	200	
If yes, d	id vou monito	r every four hours	Did continuous			1	
until the as requi	residual retu	med to ma/L	reporting month	monitoring equipment fail at any time this Pate continuous monitoring equipment failed:			
			If yes, were grad	samples collected every four hours until the			
this fame to some and sometime mem will			continuous mon	itoring equipment was returne	d to service as	Date it was returned to	
			required?	☐ Yes ☐ No		service:	
Attach grab sample results and submit them with this form. / /							
Printed Name: Kirk Shields T				Fore man	Operator Certification #:		
Signature: Kl. Sh. D. Phone # (541) OR D-09131							
Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
Small Groundwater System							

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

System Name City of Maupin PWS ID# 4 1 00510								
Last Maudin								
Month/Year Oct /202 Entry Point: Required Minimum Residual 0,30 mg/L								
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point distribution system (mg	to	Notes		
1	8:31	53 1/2	1/3	0.48		· .		
2	9215	/	/	0,45				
3	8:56	1		0,34				
5	9:18			0,42				
6				0,38				
7	8117			0,34				
8	8:30			0,36				
9				0,55				
10	11:30			0,36				
11	8:35			0,37				
12	8137			0,39				
13	8:25		-	0,39				
14	8:07			. 0,36				
15	8:14		1	0,43				
16	10:40		1	0,52				
17	10:39		1	0:39				
18	7:59			0.42				
19	8:11			0.53				
20	8:47							
21	8:28			0,48		· ·		
22	8:29			0,40				
23	9:55		/	0.43				
24	10:25	/		0.39				
25	8:27			0,44				
26	8:07			0.41				
27	8130			0,41				
28	837			12.32				
29	240			0,37				
30 31	10:22			0.33				
	11:180			0:35				
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								
		3,300 or Fewer		GWS Serving				
		or every four hours	Did continue	- one ociting		1		
until the	residual retu	med to mg/L	reporting month	monitoring equipment fail at any time this ? ☐ Yes ☐ No		Date continuous monitoring equipment failed:		
as requi	- Promised			samples collected every for	to have et et	oquipition lance.		
Attach t	hose results a	and submit them with	continuous mon	itoring equipment was return	Date it was returned to			
this form.			required?	☐ Yes ☐ No	A SOLVE OF	service:		
			Attach grab sample results and submit them with this form.			1 1		
Printed Name: Kirk Shields				Fore man	Operator Certification #:			
The state of the s					Operato			
						OR VIVIO		
Late.	Date: 1112 395-ZL684 Small Groundwater System [