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

9		City of Maupin	Spriv	Springs Pund PWSID# 41 00510				
System Name City of Maupin Springs Pump PWS ID# 41 00510 Month/Year_Jan/2022 Entry Point: House Required Minimum Residual 0.30 mg/L Date Time Lowest free chlorine								
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point distribution system (mg/	0	Notes		
1	10:55	SK 1/2/3		Que	7			
2	10100	100		0,44				
3	7:43			0.55				
4	8:03			0.5%				
5	7:56			0.54				
6	I would be seen to be			0,61				
7	7:59			0.42				
9	12:00	1	**************************************	0.40				
10	12:00			0,45				
11	8:48			0,30				
12	8:02			0,43	Runy	ring		
13	8:12			0.46	Runn	sha		
14	8:14			0.70	Just	shut off		
15	11:13			0.67				
16	11:04			0,46	Runn	ina		
17	11:41			0.47	Krenn	مكاد		
18	10:02			0.44				
19	7:11			0,45				
20	8:22			0.71	Just	shut of		
21	8:00			0.59	Ru			
22	7802			0.77	-			
23	8)45			0,40				
24	7:54			0,46	1200)		
25	8:32			0,76	1 (mn	ind m		
26	8119			0.46	Rum	Shutore		
27	8108			0.56	- Lum	ng		
28 29	8120			0,51				
30	11120			0,45				
31	8:04			0.60				
101			0,46	Runn	ina			
Was ne	colonne resi	dual ever less than the	required minimun	n residual of mg/L? [☐ Yes ☐ No	0		
If yes, what was the longest time period until the required level was restored? **Notified by end of next business day.** **If yes No								
GWC Coming a con								
If you di	d was manife	,suu or rewer		GWS Serving I	lore Than 3,3	300		
until the as requir	residual retur		coporaing monate: 11 tes 1100			Date continuous monitoring equipment failed:		
•	-		If yes, were grab	samples collected every fou	r hours until the			
Attach those results and submit them with this form.			continuous monitoring equipment was returned to service a			Date it was returned to		
			required?	☐ Yes ☐ No		service:		
Attach grab sample results and submit them with this form.								
Winted Name: Kirk Shirelds Title:				Foreman	Operator Continue II			
Stonethers V / / C Operation Certification #:					> 00.5.			
OR 0-1131					OR W-1131			
- CILLI.	-1 01	<u>- L</u>	7	395-ZL084	Small Gr	oundwater 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 San / 2022 Entry Point: Water Hive Required Minimum Residual 0,30 mg/L						
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point t distribution system (mg/	o L)	Notes
1.	10:50	58 1	12/3	0,40	7	
2	9:58] /	1	0.44		
3	7:22			0.41		
4	7:29			0,50		
5	7:22			0.43		
6	8:19.			0.49		
7	7:40			0.43		
8	12:20			0,45		-
9	10100	\		8.42		
10	8:18			0,30		
11	7142	7		0.37		
12	7:18			0,30		
13	7:55			0.34		
14	7:54			0.33		
15	11:01	,		0.31		
16	10:45			0,42		
17	11:20			0,45		
18	450			0,38		
19	6:54			0.30		
20	8111			0.41		
21	7:43			. 0.30		
22	(0) 52			0.39		
23 24	8135			0.38	Rom	
25	7:40			0.35		
26				0,31		
27	7:53			0,38		·
28	7:46			0.31		
29	11 200			0136		
30	10:42			0:30		
31	7:47			0.36		
		idual arms loss than the		0.54	Runn	ring
If was u	that wae the	idual ever less than the	required minimu		Yes □ No	~
notified	by end of ne	longest time period unt <u>xt business d</u> ay.	n me tednited ievo	el was restored? hour	s – <u>If > 4 hours, C</u>	Prinking Water Program to be
		3,300 or Fewer	·	GWS Serving	More Then 2 5	000
		or every four hours	Did continuous			1
until the as requi	residual retu	med to mg/L	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No			Date continuous monitoring equipment failed:
If yes, were grab samples collected every four hours until the						
this form.			continuous monitoring equipment was returned to service as			Date it was returned to
			required? Yes No			service:
			ruacii grab san	Attach grab sample results and submit them wit		1 1
Printed Name: Kirk Shields Title:				Fore man Operator Certification #:		r Certification #:
Signature: V / G/					OR D-09131	
Date: 71 /1 7/-					OI C	
Date: 21 21 22 395 - ZLo 84 Small Groundwater System						

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

System	Name	City of Maupin	East 1	Paupin	PWSID# 41	00510	
Month/	Year Jav	City of Maupin	Point:		Required Minimu	m Residual 0.30 _{mg/L}	
Date	Time	Source(s)	in use	Lowest free chlor residual at entry po distribution system (int to	Notes	
1 2	11:00	58 1/	2/3	0.37			
3	8:14		1	0.36			
4	8:27			0.38	1 1.4		
5	8:29			0.39			
6	8:30			0.36			
7	8:34			0.34			
8	12:30			0,34			
9	11:00			0.33			
10	9:00			0.33			
11 12	8:22			0.36			
_	8:09			0.40			
	8:56			0,40			
15	11:26			0.41			
16	1:30			0.41			
17	11:58		+	0.42			
18	105			0.38	· ·		
19	7:37			0,44			
20	8:24			0.41			
21	8:38			0.41			
22	8:00			030			
	819			0,40			
25	7:19		-	0.44			
	8:57			0,45			
	8:22		/ 	0,41	·	`	
28	8230			0,42			
29 /	0:30			0.42			
30 10	2:30			0,44			
	3:38			0 111			
was me o	chlorine resid	lual 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? Yes No No Nours - If > 4 hours, Drinking Water Program to be							
GWS Serving 3,300 or Fewer GWS Serving Nov. Time 11							
If yes, did you monitor every four hours until the residual returned to			Did continuous monitoring equipment fail at any time this reporting month? Yes No			Date continuous monitoring	
as required? Yes No						equipment failed:	
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? Yes No			/ / Date it was returned to	
						service:	
			Attach grab sample results and submit them with this fo			1 1	
inted Name: Kirk Shields			Title: Fore wan		Operato	Operator Certification #:	
ignature: K. J. Sh. J.			Phone #: (54 1)			OR D-09131	
ate: 217 172			395-2684			Small Groundwater System	