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

System Name City of Maupin Springs Pump PWS ID# 41 00510  Month/Year Febr. 12003 Entry Point: House Required Minimum Recidual 0.30 mg/l						
Month/Year Feb. 12002 Entry Point: House Required Minimum Residual 0.30 mg/L						
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point to distribution system (mg/		Notes
1	8:00	SB 1/2	./3	0.59		
2	7:59		1	0.52	Run	nina
3	7:50			0.59		7
4	7:45			0.63		
5	11:05			0.65		
7	1300.			Coclete		
8	1			0,223		
9	7:46			0.53	Rum	ina
10	7:56			0.63		~
11	8:00			0.46	Burn	ina
12	1157			0,64		7
13	11:08			0.65		
14	11:52			0.64		
15	8/42			0.65		
16	7:321			0,63	+	
17	7:52			0.64		
18	7:47			0.24		
19	8:43			0.65	<del></del>	
20	5:00			0,63		
21	8112		·	0.66		
22	8105			0,65		
23	7:54			0,43		
24	7:55			0,65	-	
25	7:50			0.64		
26	10129			0.6)		
27	8:18			12.61		
28	7:41			0.45	Rum	1.40
29						
30						
31	<u> </u>					
Was th	e chlorine resi	idual ever less than the	required minimu	m residual of mg/L?	☐ Yes ☐ No	
If yes, v	what was the i by end of ne	ongest time period unl <u>d business day.</u>	il the required leve	el was restored? hou	rs — <u>If &gt; 4 hours, [</u>	Drinking Water Program to be
GW:	S Serving 3	300 or Fewer		- GWS Serving	More Than 3	RND
If yes, o	did you monito residual retu	r every four hours med to mg/L	Did continuous	monitoring equipment fail at any time this Date con		Date continuous monitoring
as requ				1000 2000		equipment failed:
Attach those results and submit them with this form.				ab samples collected every four hours until the nitoring equipment was returned to service as Yes \( \subseteq \text{No} \) No		
				7.65	with this f	service:
Printed Name: Kirk Shire Ids Title: Fore (1)(a) 1 Operator Certification #						· ·
					OR D-29131	
	<u> </u>			395-2684	1 Small G	roundwater 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 Feb. / 2002 Entry Point Water Ave Possing Minimum Positive C 30 - 4							
Month/Year Feb. /2002 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	7:43	SIS 1/2	2/3	0,33			
2	7:44		/	0,52	Rum	ina	
3	7:35			0,38		7	
4	7:22			0.62			
5	11:15			6,59			
6	This			0,60			
7	7:25			0.37			
8	7:31		W1048	0,60	Russ	uing	
9	7:40			0,39	1		
10	7:44			0,66	18	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
11	7:43			0.38	11200	IIVIG	
12	10:52			0.65	<del></del>		
_ 13	11:35			0.37			
14	6157			0,205			
15	8731			0157	<del></del>		
16	7:19			0,64		-	
17	7:34			0.41			
18	7:28			0.64			
-19	8:34			0,54	-		
20	7:5Z						
21	805			0,62			
22	8130			0.63		· · · · · · · · · · · · · · · · · · ·	
23	7:38			0.44			
24	7:31				<del></del>		
25	7:33			0.6			
26	10123			0.41	-		
27	\$/11		· · · · · · · · · · · · · · · · · · ·	0.59			
28	7:20			0100	<del>- </del>		
29	1,100			0.90	<del></del>		
30			•				
31					<del></del>		
Wasth	e chlorina me	idual ever less than the	romind	n maidual of the T	<del></del>		
If wes	what was the	longest time period uni	tequired implimul		☐ Yes ☐ No		
notified	by end of ne	xt business day.	n me reduited isk	a was restored? noun	S - Ir > 4 hours, L	Drinking Water Program to be	
GW	Serving:	3,300 or Fewer		GWS Serving I	Nore Than 2 3	kon	
If yes, d	lid you monit	or every four hours	Did continuous	monitoring equipment fail at any time this		1	
until the				onth? Yes No		Date continuous monitoring equipment failed:	
•		16 m	If yes, were gra	ab samples collected every four hours until the		1 1	
rulada viose results and submit them with contin			continuous mon	continuous monitoring equipment was returned to service as		Date it was returned to	
one total			required? Yes No			service:	
12			Attach grab sample results and submit them with this form.		with this form.	1 1	
Printed Name: Kirk Shields Titl				Fore man Operator Certi		r Certification #:	
Signature	e: _ K	166.1	No. of the contract of the con			OR D-29131	
OR 5 1131							
Date.	) ! ( .			395-Z684	Small G	roundwater System	

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

System Name City of Maupin Fact Mauria PWS ID# 41 00510							
System Name City of Maupin East Maupin PWS ID# 41 00510  Month/Year Feb 12020 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	8:21	5\$ 1/8	2/3	0.43	, , ,		
2	8:19	1	, /	0,45			
3	8:09	/		0,45			
5	8:06			0,44			
6	12:40	<del> </del>		0.40			
7	8:01		*	0.41			
8	8:20		7. <del>7</del>	0.46			
9	8:33			0.48			
10	8:28			0,46			
11	8:27			0.44			
12	11:20			0,76		10	
13	11:23			0,41			
14	8:05			0.39			
15	844			0.39			
16	8'05			0,40	7		
17	8:19			0.41			
18	8:12			0.36	AANK .		
- 19 20	8250			0,36			
21	80/5			0,39			
22	230 8145			. 036			
23	8:24			0,44			
24	8:18			0,40			
25	8:20			0.45			
26	10:30			0,44			
27	DI 70			0,41			
28	8:05			0,38			
29				<u> </u>			
30							
31							
was me	chlorine resi	dual ever less than the	required minimum	n residual of mg/L?	☐ Yes ☐ No		
notified	mat was the i by end of ne	ongest time period unt t business day.	il the required leve	S	Same and the second sec	hinking Water Program to be	
GWS	Serving 3	,300 or Fewer		GWS Servine	Moro There 6 d		
If yes, di	id you monito	revery four hours	Did continuoue	GWS Serving More Than 3, monitoring equipment fail at any time this		: I	
until the residual returned to mg/L reporting more			reporting month	? Yes No	Date continuous monitoring equipment failed:		
•	as required? Thes Tho			b samples collected every four hours until the		Adminiment (O)(C)	
this form			COMMISSINGING	toring equipment was return	Date it was returned to		
uns latti.			required?			service:	
			Attach grab sample results and submit them with the		with this form.	1 1	
Printed Name: Kirk Shields Title:				5		Cortification #	
					~perator	Operator Certification #:	
					OR D-29131		
	/   - 1		395-Zle84		Small Groundwater System		