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

System Name City of Maupin Springs Pump PWS ID# 41 00510								
System Name City of Maupin Springs Pump PWS ID# 41 00510 Month/Year April (2002 Entry Point: House Required Minimum Residual 0,30 mg/L								
Date	Time	Source(s) in use			Lowest free chloring residual at entry point distribution system (m.	t to		Notes
1	7:30	SB	1/2	3	0,58			
2	11146		_l	1	0.42		Rui	ung
3	12:24				0,46			nnud
4	7.35				0.60			
5 6	7:33				0.67			
7	7:50			·	0,61			
8	7:34				0.42		Runn Runn Runn	n'ng
9	0:22				0.45	-	Kunn	ing
10	9:25				0.46		Kunn	also price
11	9:09				0.61			
12	8132				0.68	-		
13	7:20				0,63			
14	7:26				0.60	-		
15	7:43				02.0	-		
16	8:54				0.60			
17	8:417				0,40			
18	8:123				0.50			
- 19	7:48				0.44		Run	100
20	7:52		1		0.62		1 (201)	CITY
21	7:33		1		0,59			
22	7:57				0.60			
23	11:03				0,116			
24	10.35				0,53			
25	7:52				0,44		Runn	ina
26	7:46	/			0,63			7
27	8:00				0.61			
28 29	7:57				0.44		Kunn	Ing
30	8:08			0.6			~	
30	MIN	 		1	0,58			
-	a chlorina	nicked over to a "			11.17			
If was	what wae the	sidual ever less tha	an une re	quired minimu			Yes No	
notified	i by end of n	e longest time perio ext business day.	N WHEE DA	ie required iev	el was restored? h	iours —	It > 4 hours, D	rinking Water Program to be
		3,300 or Fewe			GWS Servin	ng Mo	re Than 3,3	00
until the residual returned to mg/L				Did continuous monitoring equipment fail at any time reporting month? Yes No			time this	Date continuous monitoring equipment failed:
as required? Yes No Attach those results and submit them with this form.				required? Yes No service:			/ / Date it was returned to service:	
	Attach grab sample results and submit them with this form.							
Printed Name: Kirk Shields Title: Foreman Or				Operator	Certification #:			
Signature: Kal Shirl				Phone #: (541)			OR D-09131	
Date: 5 1 2 1 2027				395-Z684			Small Groundwater System	
					217 -201			

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 April /2022 Entry Point Required Minimum Residual 0,30 mg/L								
Date	Time	Source(s) i	n use	Lowest free chlorin residual at entry poin distribution system (m	t to	Notes		
1	7:47	ST 1/2	/3	0.44				
2	11157			(340)				
3	15121			0,49				
4	7:58			0,40				
5	8:00			0.49				
6	8:23			0,44				
7	8:00			0.48				
8	8:00			0,35				
9	9:52	-		0,50				
11	7,41			0,35				
12	8:40			0.46				
13	7:39			0,42				
14	7145			0.57				
15	8:01			0,50				
16	9100			0,4)				
17	848			0,50				
18	2279			0.00				
19	8:22		5.2	0.48				
20	8:18			0.47				
21	7:52			0.38				
22	8:08			0.39				
23	10:30			0.34				
24	10:30			0.34				
25	8:22			0.33	8			
26	8:30			0.46		•		
27	1911.			0.45				
28 29	8:25	 		0.40				
30	8:48			0.47				
30	10170	1		0170				
	o oblosino se	pidual augustas dies dies						
		sidual ever less than the		-	? Yes No			
notified	d by end of n	e longest time period unt ext business day.	n ule required lev	ei was restored?	$\frac{1}{1} > 4 \text{ hours}, \frac{1}{1}$	Orinking Water Program to be		
		3,300 or Fewer		CWC Conti	ng More Than 3,	200		
			Did continue		2002	1		
				monitoring equipment fail h? Yes No	Date continuous monitoring equipment failed:			
	those results	s and submit them with	continuous mo	grab samples collected every four hours until the // / nonitoring equipment was returned to service as Date it was returned to				
ans ioi			required? Attach grab sa	☐ Yes ☐ No mple results and submit th	em with this form.	service:		
Printed	Name: K	irk Shields		Fore wan		Operator Certification #:		
Signatu	re:	1 Shi		one #: (541)		OR D-09131		
Date: 51212022				395-2684	Small 0	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/	Month/Year April/2022 Entry Point: Water Ave Required Minimum Residual 0.30 mg/L							
Date	Time	Source(s) in	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes		
1.	7:13	58 1/2	/3	0.45	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 			
2	11:38	\//	/	0,52				
3								
4	7:16			0,51				
5	7:18			0,45				
6	7:29			0.48		 		
8	7:19			0.59		-		
9	9:07			0.62		Russ		
10	9:08			0,49		1 Carw	ling	
11	7:55			0.61		Runn	200	
12	8120			0150		- CAVV		
13	7:02			0.45				
14	7:08			0,56				
15	7118			0.41				
16	8147			0.51			WARTER TO SEE	
17	8140			0145				
19	7:30	 		0.37		 		
20	7:36	 		0.47				
21	7:12			0,60				
22	7:38			0.58		 		
23	10:57			10.59				
24	10728			0.51				
25	7:27			0.62				
26	7:28			0.45				
27	7:25			0.57				
28 29	7:39	 		0.62		Run	ing	
30	11:15	-		0.49				
327	1, 1, 0							
Was th	ne chlorine re	sidual ever less than the	required minimu	m residual of m	g/L?	Yes No		
If yes,	what was the	longest time period unti act business day.				10	rinking Water Program to be	
GW	S Serving	3,300 or Fewer		GWS Ser	ving M	ore Than 3,3	300	
		or every four hours	Did continuous monitoring equipment fail at any				Date continuous monitoring	
	e residual ret	3	reporting mont	h? Yes No			equipment failed:	
1	as required? Yes No If yes, were grab samples collected every four hours until the / /							
Attach this for		and submit them with	continuous monitoring equipment was returned to service as			Date it was returned to		
3,101			required? Yes No Attach grab sample results and submit them with this form.			ith this form.	service: / /	
Printed Name: Kirk Shields Title: Fore man Operator Certification #:								
Signature: K. 1. 6h						OR D-C1131		
Date: 5 / 2 / 2022			Phone #: (541)					
Date:	Date: 5 1 2 1 2022 395 - 2684 Small Groundwater System December 19, 2012							