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

System Name City of Maupin Lover Res, PWS ID# 41 00510							
Month/Year May 12022 Entry Point Water AVE Required Minimum Residual 0.38 mg/L							
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point distribution system (mg	to	Notes	
1	10:30	531/2	13	0,49			
2	7:28		1	0.45	1 1 2 2		
3	7:38			0.53	. ,		
4	7:17			0.52			
5	7:35			0.61	Bun	ning	
6	7:37			0.48			
7	19:15			0,61		7	
8	9:10			0.47			
9	8704			0,59			
10	7:29			0.56	Run	- \ . \	
11	7:52		Fac.	0,48	- CON	Ting .	
12	7:27			0,50			
13	7:35			0.40			
14	8125			0,52			
15	8207			0154			
16	802			0.57			
17	7:19		*	0.47			
18	7:22	1	\	0.59	R.	- \. 0	
- 19	7:10		1	0.61	Runn Runn	ring	
20	7:14		1	0,54	Punn	ing	
21	10152			1.57	SAN	ing.	
22	10:41		1	0,00			
23	8134		1	0.49			
24	7:54		/	0.59	DATTAG	()	
25	7158	/		0.50	Rung	204	
26	8112			0.60	1	- 	
27 🔏	8202			0.53	1 King	<u> </u>	
28	9:50			0,52			
29	10120			0.48			
30	10,02			6,50			
31	7:15			0.50			
Was the	e chlorine resi	dual ever less than the	required minimu	m residual of mg/L?	☐ Yes ☐ No		
Housed	by end of nex	ongest time period unt t business day.	il the required lev		School Carlo March Carlo Company	Drinking Water Program to be	
GW	S Serving 3	,300 or Fewer		GWS Serving	More Than 3 1	300	
If yes, c	did you monito	r every four hours	Did continuous	ous monitoring equipment fail at any time this		1	
	e residual retu		reporting mont	h? ☐ Yes ☐ No	any uncuis	Date continuous monitoring equipment failed:	
	as required?			ab samples collected every fo	dampinent ioneu.		
Attach t	and a nose lesones and submit them with			nitoring equipment was return	Date it was returned to		
this form.			required? Yes No			service:	
				mple results and submit them	with this form.	1 1	
Printed N	,	-K Shreld:	Title: Fore man		Operato	Operator Certification #:	
Signature: Kd Shill			Phone # (54)			OR D-09131	
Date:	513(1	2					
1				395-2684	Small G	roundwater System	

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 May 12022 Fintry Point Required Minimum Residual 0.30 mail							
Month/Year May/2022 Entry Point: 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	11:00	513 1/2	13	0,49			
2	8:05	1/		0.49			
3	8:18		XXXX	0.44			
4	8:09	*		0.46			
5	8:12		9	0.41			
6	8111			0.49			
7	9150			0.54			
8	9:59			0,44		a (fig	
9	8.21			0,42			
10	8:05			0.37			
11 12	8:27			0.35			
13	8:06			0.44			
14	0.00			0.37	+		
15	830			0.37			
16	2115			0,40			
17	7:59				- 1		
18	8:02			0.32			
19	7:53			0.45	-		
20	7:54			0.33			
21	8:00			0.35	100	<u> </u>	
22	8:00			0,40			
23	87579			0.36			
24	9:00			0.42			
25	8015		5:	0,37			
26	140			0,41		•	
27	825			0,40,			
28	111:00			0,48			
30	111:25			0.40			
31	8:00			0.36			
				0,33			
H was II	ie characte	sidual ever less than the	required minimu	The second secon	☐ Yes ☐ No		
notifie	d by end of n	e longest time period unt ext business day.	il the required lev	rel was restored? hour	s – <u>If > 4 hours, D</u>	rinking Water Program to be	
GW	S Serving	3,300 or Fewer		GWS Serving	More Than 3,3	800	
If yes, did you monitor every four hours Did continuou until the residual returned to mg/L reporting mor				monitoring equipment fail at the monitoring equipment	STATE OF THE PROPERTY OF THE PARTY OF THE PA	Date continuous monitoring equipment failed:	
as req	uired?	Yes No		ab samples collected every fo	ur hours until the	/ /	
Attach those results and submit them with con			continuous mo required?	nitoring equipment was return Yes No	Date it was returned to service:		
Attach grab sample results and submit them with this form.							
Printed Name: Kirk Shields				e Fere man	Operator Certification #:		
Signature: K 56 Phone # (541) OR D-09131							
Date: 5 131 123							
	7.0			277- Cledy	5 Small G	roundwater System	

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

System Name City of Maupin Strugs Rung PWS ID# 41 00510							
System Name City of Maupin Strugs Required Minimum Residual May 1202 Entry Point Required Minimum Residual M							
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes		
1.	10190	58 17	12	6,60			
2	7:46	1	+	0.6	+		
3	7:54			0.61			
4	7:33	/	1	0,62			
5	7:57			0.70			
6	7:50.	/	* 1	0.59			
7	9128			0.6			
8	9:31			0.59			
9	813			0.62			
10	7:44			0.43	P	\	
11	8:06			0.58	Runn	ing	
12	7:44	1	300000000000000000000000000000000000000	0.56			
13	7:50			0.58	+		
14	8936			0,56			
15	8118		**** v	0.61			
16	8211			0,59	1		
17	7:35			0.61			
18	7:43			0.43	Runn	` O	
19	7:33			0.48	Rymi	ing	
20	7:31			0,43	Runni	×9	
21	10/14	18		. 0.07	June	ing	
· 22	10:48	THE REPORT OF THE PARTY OF THE		0.52			
23	8277			0,48			
24	8346			0,51	1		
25	8:12	## , # 12		02.09			
26	8126			P. 44	10	3	
27	8113			0.41	1		
28	10.65			0,52			
29	10.47			6,50			
30	16.12		8	0,51			
31	7:33			0.45			
Was th	e chlorine re	sidual ever less than the	required minimu	m residual of mg/L?] Yes ☐ No		
ff yes, notified	what was the I by end of no	longest time period unt ext business day.	I the required lev	el was restored? hours	- <u>lf > 4 hours, D</u>	brinking Water Program to be	
GW.	S Serving	3,300 or Fewer		GWS Serving N	lore Than ? ?	knn	
If yes,	did you moni	for every four hours	Did continuous	monitoring equipment fail at a		I and a second	
until the	e residual <u>re</u> t	urned to mg/L	reporting month	h? Yes No	in mile als	Date continuous monitoring equipment failed:	
as requ		Yes No			r house	/ /	
ALL C.			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 sar	mple results and submit them v	/ /		
Printed Name: Kirk Shields Title: C				· Fore man			
~ · · · · · · · · · · · · · · · · · · ·							
DI (. 71 . 75				ne#(541)	OR D-09131		
Date:	7131	100		395-Zle84	Small G	roundwater System	