

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

System Name City of Maupin

PWS ID# 41 00510

Month/Year Sept./2008 Entry Point

East Maupin

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	9:10	SB 1/2/3	0.35	
2	8:43		0.34	
3	8:45		0.34	
4	8:10		0.36	
5	8:15		0.34	
6	8:45		0.35	
7	7:58		0.35	
8	8:41		0.32	
9	8:33		0.33	
10	11:30		0.34	
11	8:30		0.34	
12	8:45		0.35	
13	7:26		0.40	
14	7:43		0.32	
15	8:36		0.40	
16	8:19		0.31	
17	11:45		0.30	
18	12:00		0.32	
19	8:02		0.32	
20	8:19		0.39	
21	8:08		0.37	
22	8:25		0.35	
23	7:39		0.35	
24	9:53		0.35	
25	11:25		0.36	
26	8:20		0.34	
27	8:43		0.34	
28	8:25		0.38	
29	8:22		0.40	
30	9:04		0.40	
31				

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 notified by end of next business day.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Kirk Shields

Title: foreman

Operator Certification #:

Signature: K. Shields

Phone #: (541)

OR D-09131

Date: 10/4/22

395-2684

Small Groundwater System

**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 *Sept. / 2022* 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/L)	Notes
1	8:38	<i>SB 1/2/3</i>	0.45	<i>Running</i>
2	7:56		0.56	
3	8:19		0.41	<i>Running</i>
4	8:22		0.54	
5	8:02		0.42	<i>Log</i>
6	8:49		0.44	<i>Log</i>
7	7:31		0.41	<i>Running</i>
8	8:10		0.57	
9	7:57		0.40	<i>Running</i>
10	9:59		0.41	
11	8:30		0.40	
12	8:40		0.52	
13	7:03		0.56	
14	7:31		0.57	
15	7:45		0.55	
16	7:57		0.38	<i>Running</i>
17	10:12		0.48	
18	2:00		0.50	
19	7:36		0.56	
20	7:57		0.66	
21	7:43		0.39	<i>Running</i>
22	8:01		0.43	<i>Running</i>
23	7:55		0.54	
24	9:38		0.43	<i>Running</i>
25	11:24		0.54	
26	7:54		0.58	
27	8:21		0.55	
28	8:03		0.54	
29	8:03		0.44	<i>Running</i>
30	8:20		0.42	<i>Running</i>

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 notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>
<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>	

Printed Name: *Kirk Shields* Title: *Foreman* Operator Certification #: \_\_\_\_\_  
 Signature: *K Shields* Phone #: *(541) 395-2684* OR *D-09131*  
 Date: *10/14/22* Small Groundwater System

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

System Name City of Maupin Water Ave PWS ID# 41 00510  
 Month/Year Sept./2002 Entry Point Lower Res. 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	8:21	SB 1/2/3	0.58	Running
2	7:37		0.56	
3	8:04		0.55	
4	8:24		0.54	
5	7:54		0.50	Run
6	8:40		0.57	Run
7	7:05		0.56	
8	7:41		0.57	
9	7:41		0.57	
10	9:47		0.56	
11	7:50		0.54	
12	8:26		0.57	
13	6:48		0.57	
14	7:16		0.53	
15	7:27		0.57	
16	7:24		0.55	Running
17	10:01		0.58	
18	12:06		0.52	
19	7:21		0.53	
20	7:41		0.50	
21	7:20		0.55	Running
22	7:38		0.55	Running
23	8:14		0.43	
24	9:20		0.58	Running
25	10:44		0.51	
26	7:39		0.56	
27	8:00		0.55	
28	7:45		0.51	
29	7:45		0.56	Running
30	7:54		0.56	Running

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 notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Kirk Shields Title: fore man Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 395-2684 OR D-09131  
 Date: 101 41 22 Small Groundwater System