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

| System Name City of Maupin Water Aue. PWS ID# 41 00510  |  |                     |   |   |              |                                  |  |  |
|---|--|---------------------|---|---|--------------|----------------------------------|--|--|
| Month/Year Oct /202 Entry Point Lower Res, Required Minimum Residual 0.30 mg/L  |  |                     |   |   |              |                                  |  |  |
| Date  | Time   | Source(s)           |   | Lowest free chlorine residual at entry point to distribution system (mg/L |              | Notes                            |  |  |
| 1   | 8121   | 58 1/               | 2/3   | 0.56  | <b>'</b>     |                                  |  |  |
| 2   | 8129   |                     |   | 0.52  | P            | R                                |  |  |
| 3   | 8122   |                     |   | 0,54  |              | 7                                |  |  |
| 4   | 8 27   |                     | ~~~   | 0.55  | -            |                                  |  |  |
| 5   | 7:53   |                     |   | 0.50  |              |                                  |  |  |
| 6<br>7  | 7:26   |                     |   | 0.54  |              |                                  |  |  |
| 8   | 7:56   |                     |   | 0.52  |              | ·                                |  |  |
| 9   | 9:02   |                     |   | 0,51  |              |                                  |  |  |
| 10  | 7:43   |                     |   | 0,53  |              |                                  |  |  |
| 11  |  |                     |   | 0.55  | Kun          | ing                              |  |  |
| 12  | 7:59   |                     |   | 0.56  | Kunn         | ing                              |  |  |
| 13  | 8:00   |                     |   | 0.56  |              |                                  |  |  |
| 14  | 7:56   |                     |   | 0 44  | -            |                                  |  |  |
| 15  | 9:50   |                     |   | 0177  | 910.0        |                                  |  |  |
| 16  | 12:00  |                     |   | 0.40  | +            |                                  |  |  |
| 17  | 7:14   |                     |   | 0.52  | *            |                                  |  |  |
| 18  | 7:39   |                     |   | 0.52  |              |                                  |  |  |
| - 19  | 7:29   |                     |   | 0.50  |              |                                  |  |  |
| 20  | 7:23   |                     |   | 0.55  |              |                                  |  |  |
| 21  | 7:52   | 5                   |   | . 0,55  | Runn         | in a                             |  |  |
| 22  | 9:07   |                     |   | 0.42  |              | 112                              |  |  |
| 23<br>24  | 10:28  |                     |   | 0.46  |              |                                  |  |  |
| 25  | 7:34   |                     |   | 0,5%  | Rum          | ina                              |  |  |
| 26  | 7:46   |                     |   | 0.41  |              | 9                                |  |  |
| 27  | 7:29   |                     |   | 0,42  |              | •                                |  |  |
| 28  | 7:40   |                     |   | 0,52  | Kunn         | ng                               |  |  |
| 29  | 8056   |                     |   | 0,45  |              |                                  |  |  |
| 30  | 8145-  |                     |   | 0,40  | +            |                                  |  |  |
| 31  | 7:35   |                     |   | 0.52  |              |                                  |  |  |
| Was the chlorine residual ever less than the required minimum residual of mg/L? Yes No ff 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. |  |                     |   |   |              |                                  |  |  |
|   |  | 3,300 or Fewer      |   | . 01010 0   |              |                                  |  |  |
|   |  | or every four hours | Did   | GWS Serving I   |              |                                  |  |  |
| until the   | residual ret   | imed to mg/L        | Did continuous  | monitoring equipment fail at a  | ny time this | Date continuous monitoring       |  |  |
| as requ   |  |                     |   | reporting month? Yes No equipment failed:                                 |              |                                  |  |  |
| Attach t  | Attach those results and extend the many through the grab samples collected every four hours until the |                     |   |   |              |                                  |  |  |
| this for  | n.   |                     | rominal?  |   |              | Date it was returned to service: |  |  |
|   |  |                     | Attach grab sample results and submit them with this fo |   |              | / /                              |  |  |
| Printed Name: Kirk Shields Title Covering to  |  |                     |   |   |              |                                  |  |  |
|   |  |                     |   |   | OR D-09131   |                                  |  |  |
|   |  |                     |   | 1541)   |              |                                  |  |  |
| Date.   | 11/8   | 1000                |   | 395-2684  | Small G      | roundwater 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 Oct / 2020 Entry Point: House Required Minimum Residual 0.30 mg/L |              |  |  |   |                          |  |  |
|--|--------------|--|--|---|--------------------------|--|--|
| Month/Year Oct / 2020 Entry Point: House Required Minimum Residual 0, 30 mg/L  |              |  |  |   |                          |  |  |
| Date   | Time         | Source(s) in   | use<br>/   | Lowest free chlorine residual at entry point to distribution system (mg/L |                          | Notes  |  |
| 1.   | 8:29         | 515 1/2  | 3  | 0,51  |                          |  |  |
| 2  | 8:37         | , , , , ,  |  | 0,59  | Run                      |  |  |
| 3  | 3:34         |  |  | 0,53  | 0                        |  |  |
| 4  | 8:50         |  |  | 0.50  |                          |  |  |
| 5  | 8:08         |  |  | 0.58  |                          |  |  |
| 6  | 7:44         |  |  | 0.56  |                          |  |  |
| 7  | 8:11         |  |  | 0.47  |                          |  |  |
| 8  | 8149         |  |  | 0,48  |                          |  |  |
| 9  | 19:38        |  |  | 0,55  |                          |  |  |
| 10   | 8:06         |  |  | 0.62  |                          |  |  |
| 11   | 8:14         |  |  | 0.42  | Runnis                   | <b>NO</b>                                    |  |
| 12   | 8:50         |  |  | 0.57  |                          |  |  |
| 13   | 8:27         |  |  | 0.56  |                          |  |  |
| 14   | 8:18         |  |  | 0.50  |                          |  |  |
| 15   | 10:47        |  |  | 0.50  |                          |  |  |
| 16   | 1200         |  |  | 0.54  |                          |  |  |
| 17   | 7.59         |  | <del> </del>   | 0.57  |                          |  |  |
| 18   | 7.59         |  |  | 0.53  |                          |  |  |
| 19   | 7:46         |  |  | 0.57  |                          |  |  |
| 20   | 7.39         |  |  | 0.55  |                          |  |  |
| 21   | 8:09         |  |  | 0.42  | Kunni                    | na   |  |
| 22   | 9:23         |  |  | 0.42  | Runner                   | ña   |  |
| 23   | 10:41        |  | · · · · · · · · · · · · · · · · · · ·  | 0.84  |                          | 4  |  |
| 24   | 7:51         |  |  | 0,39  | Runni                    | ng   |  |
| 25   | 8:03         |  |  | 0.53  |                          |  |  |
| 26   | 7:57         |  |  | 0.53  | 150                      |  |  |
| 27   | 7.48         | 1  |  | 0.40  | Run                      | ing  |  |
| 29   | 8:22         | <del> </del>   |  | 0.52  |                          |  |  |
| 30   | 18.00L       | -  | THE TOTAL CONTRACTOR OF THE PARTY OF THE PAR | 0,40  |                          |  |  |
| 31   | 7:58         | <del>                                     </del>                             |  | 0,40  |                          |  |  |
|  |              | pricked over lose than the   | and and a single services  |   | 74 74                    |  |  |
| If yes,  | what was the | sidual ever less than the<br>e longest time period unti<br>ext business day. |  |   | Yes                      | rinking Water Program to be                  |  |
| GW   | S Serving    | 3,300 or Fewer   |  | GWS Serving   | More Than 3.3            | :00  |  |
| If yes,  | -            | itor every four hours  |  | monitoring equipment fail at h? Yes No                                    |                          | Date continuous monitoring equipment failed: |  |
| as req   | uired?       | Yes No   |  |   | ur house until the       | 1 1  |  |
| Attach<br>this fo  |              | s and submit them with   | If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  No service:   |   |                          | Date it was returned to                      |  |
| Attach grab sample results and submit them with this form.   |              |  |  |   |                          |  |  |
| Printed Name: Kirk Shields Title: Fore wan Operator Certification #:   |              |  |  |   |                          | Certification #                              |  |
| Signatu  |              | 161.   |  |   | OR D-09131               |  |  |
| .,71,  |              |  |  |   |                          |  |  |
| Date:  | 118          | 12022  | 395-Zle84  |   | Small Groundwater System |  |  |

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

| System Name City of Maupin Eost Maupin PWS ID# 41 00510  Month/Year Oct. /2020 Entry Point: Required Minimum Residual mg/L   |               |                                       |          |  |  |                          |                            |
|--|---------------|---------------------------------------|----------|--|--|--------------------------|----------------------------|
| Month/Year Oct. / 2000 Entry Point: Required Minimum Residual mg/L   |               |                                       |          |  |  |                          |                            |
| Date   | Time          | Source(                               |          |  | Lowest free chlorine residual at entry point to distribution system (mg/L) |                          | Notes                      |
| 1.   | 8245          | 573 L                                 | 2        | 3  | 0,37   |                          |                            |
| 2  | 9315          | l l                                   | <u>l</u> | /  | 0,40   |                          |                            |
| 3  | 8142          |                                       |          |  | 0,38   |                          |                            |
| 4  | 8:46          |                                       |          | The Control of the Co | 0.39   |                          |                            |
| 5  | 8:46          |                                       |          |  | 0.39   |                          |                            |
| 6  | 8:05          |                                       |          | •  | 0.37   |                          |                            |
| 7  | 8:26          | <u> </u>                              |          |  | 0.35   |                          |                            |
| 8  | 9100          | · · · · · · · · · · · · · · · · · · · |          |  | 0.36   |                          |                            |
| 10   | (0,00         | 1                                     | <b>\</b> |  | 013  | -                        |                            |
| 11   | 8:40          |                                       | 1        |  | 0,36   | <del></del>              |                            |
| 12   | 9:10          |                                       | -        | VIETE (1984)   | 0.37   | <del></del>              |                            |
| 13   | 8:49          |                                       | -        |  | 0.41   | +                        |                            |
| 14   | 8:46          |                                       | 1        | .,   | 0.46   |                          |                            |
| 15   | 119:45        |                                       | 1        |  | 0,40   |                          |                            |
| 16   | 17:00         |                                       |          |  | 0.33   |                          |                            |
| 17   | 7:59          |                                       |          |  | 0.40   |                          |                            |
| 18   | 8121          |                                       |          |  | 0,41   |                          |                            |
| 19   | 8:06          |                                       |          |  | 0.45   |                          |                            |
| 20   | 8:10          |                                       | 1        | ***************************************  | 0.46   |                          |                            |
| 21   | 8:12          |                                       |          |  | 0.41   |                          |                            |
| 22   | 9:45          |                                       |          |  | 0.37   |                          |                            |
| 23   | 10:54         |                                       |          |  | 0.36   |                          |                            |
| 24   | 8:08          |                                       |          |  | 0.32   |                          |                            |
| 25   | 8:12          |                                       |          | ·  | 0.38   |                          |                            |
| 26   | 8:06          |                                       |          |  | 0.38   |                          |                            |
| 27   | 8:08          |                                       |          | 71.77  | 0.39   |                          |                            |
| 28   | 8:31          | 1                                     |          |  | 0.39   |                          |                            |
| 30   | 8:40          |                                       |          |  | 0,36   |                          |                            |
| 31   | 8:30          | 1                                     |          |  | 0.37   |                          |                            |
|  |               | osidual over loss than                | n tha s  | cognized minim   |  | Type This                |                            |
| Was the chlorine residual ever less than the required minimum residual of mg/L?   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. |               |                                       |          |  |  |                          |                            |
| GW   | VS Serving    | 3,300 or Fewer                        | ·        |  | GWS Serving  | More Than 3.3            | 300                        |
| If yes,  | , did you mon | itor every four hours                 |          | Did continuou  | s monitoring equipment fail at   | any time this            | Date continuous monitoring |
| until the residual returned to mg/L reporting mo   |               |                                       |          |  | th? Yes No   |                          | equipment failed:          |
| as required? Yes No If yes, w  |               |                                       |          |  | ere grab samples collected every four hours until the / /                  |                          |                            |
| Attach those results and submit them with  |               |                                       | rith     | continuous monitoring equipment was returned to service as   Date it was returned to   |  |                          |                            |
| mis to   | this form.    |                                       |          | required? Yes No   |  |                          | service:                   |
| Attach grab sample results and submit them with this form.   |               |                                       |          |  |  |                          |                            |
| Printed Name: Kirk Shields   |               |                                       |          | Title: Fore man  |  | Operato                  | or Certification #:        |
| Signature:K Phone # (541) OR D-09131   |               |                                       |          |  |  |                          |                            |
| Date: 1 8 1 2022   |               |                                       |          | 395-Zle84  |  | Small Groundwater System |                            |