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

System Name BLM Loon Lake Rec Site					PWS ID# 4 1 90619	
Month/Year Sept/2014 Entry Point: EP A Required Minimum Residual 0.2 mg/L						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/		Notes
1	9:16	SRC-	7A	1.0		
2	10:23			81		
3	9:03	(190		
5	11:44	55		94		7 ×
6	10:37	1		176		
7	10:45			.96		
8	9:17			: 19		
9	11:00			186		
10 11	10:22			167		
12	9:06			.66		
13	aur			Mu	-	
14	10.06			.87		
15	9:15			152		
16	9 30			.61		
17 18	9:30			,57		
19	9:18	<u> </u>		· 53		
20	9:27			78		
21	9:41			156		
22	10:30			1-66		
23	9'.16			.64		
24	9.32			173		
25 26	(1):40			.60		
27	9:15	<u> </u>		- 77		
28	10:50			الاحا		
29	10:28			:51-		
30	9:16			139		
31						
Was the chlorine residual ever less than the required minimum residual of 0.2 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				GWS Serving More Than 3,300		
If yes, did you monitor every four hours until the residual returned to mg/L as required?			Did continuous monitoring equipment fail at any time this reporting month? Yes No		Date continuous monitoring equipment failed:	
			If yes, were grab samples collected every four hours until the		1 1	
Attach those results and submit them with			continuous monitoring equipment was returned to service			Date it was returned to
this form.			required? Yes No		service:	
						/ /
Printed Name: CUTA Huff Title: Fac. Main I, SVP. Operator Certification #:						r Certification #:
Signature: Phone #: (541.)671-7147 OR						OR
Date:	4	1		3 10 0 17 11	'	roundwater System 🖂