

EP-A

Required Minimum Residual 0.4 mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|-------|
| 1 | 6:51 | ENTRY POINT | 0.9 | |
| 2 | 7:01 | ENTRY POINT | 0.9 | |
| 3 | 6:30 | ENTRY POINT | 0.8 | |
| 4 | 7:15 | ENTRY POINT | 0.8 | |
| 5 | 6:42 | ENTRY POINT | 0.8 | |
| 6 | 6:52 | ENTRY POINT | 0.8 | |
| 7 | 7:15 | ENTRY POINT | 0.8 | |
| 8 | 7:25 | ENTRY POINT | 0.8 | |
| 9 | 6:17 | ENTRY POINT | 0.8 | |
| 10 | 8:12 | ENTRY POINT | 0.8 | |
| 11 | 8:22 | ENTRY POINT | 0.8 | |
| 12 | 5:15 | ENTRY POINT | 0.8 | |
| 13 | 6:12 | ENTRY POINT | 0.8 | |
| 14 | 7:10 | ENTRY POINT | 0.8 | |
| 15 | 7:16 | ENTRY POINT | 0.8 | |
| 16 | 8:05 | ENTRY POINT | 0.7 | |
| 17 | 6:31 | ENTRY POINT | 0.7 | |
| 18 | 7:05 | ENTRY POINT | 0.7 | |
| 19 | 8:12 | ENTRY POINT | 0.7 | |
| 20 | 8:21 | ENTRY POINT | 0.7 | |
| 21 | 5:11 | ENTRY POINT | 0.7 | |
| 22 | 6:20 | ENTRY POINT | 0.7 | |
| 23 | 6:15 | ENTRY POINT | 0.7 | |
| 24 | 8:01 | ENTRY POINT | 0.7 | |
| 25 | 8:32 | ENTRY POINT | 0.7 | |
| 26 | 8:10 | ENTRY POINT | 0.7 | |
| 27 | 6:01 | ENTRY POINT | 0.7 | |
| 28 | 6:18 | ENTRY POINT | 0.6 | |
| 29 | 7:18 | ENTRY POINT | 0.6 | |
| 30 | 6:02 | ENTRY POINT | 0.6 | |
| 31 | | | | |

Was the chlorine residual ever less than the required minimum residual of 0.4 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: Bryan Elden
Signature: [Signature]
Date: 2/15/2024

Title: Water
Phone #: 1 271 2025
541

Operator Certification #: _____
OR
Small Groundwater System ☐

JAN 2024