

May 2024 PWS ID# 41 92106

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	1:51	ENTRY POINT	0.7	
2	5:10	ENTRY POINT	0.7	
3	7:42	ENTRY POINT	0.7	
4	7:30	ENTRY POINT	0.7	
5	6:48	ENTRY POINT	0.8	
6	7:15	ENTRY POINT	0.8	
7	8:05	ENTRY POINT	0.8	
8	7:42	ENTRY POINT	0.8	
9	8:17	ENTRY POINT	0.8	
10	7:12	ENTRY POINT	0.9	
11	7:05	ENTRY POINT	0.9	
12	6:51	ENTRY POINT	0.9	
13	8:15	ENTRY POINT	0.8	
14	7:52	ENTRY POINT	0.8	
15	7:21	ENTRY POINT	0.8	
16	7:11	ENTRY POINT	0.8	
17	6:55	ENTRY POINT	0.8	
18	7:25	ENTRY POINT	0.7	
19	8:12	ENTRY POINT	0.7	
20	8:21	ENTRY POINT	0.7	
21	6:57	ENTRY POINT	0.7	
22	7:18	ENTRY POINT	0.7	
23	8:31	ENTRY POINT	0.8	
24	8:48	ENTRY POINT	0.7	
25	6:21	ENTRY POINT	0.8	
26	8:35	ENTRY POINT	0.8	
27	7:36	ENTRY POINT	0.8	
28	7:31	ENTRY POINT	0.7	
29	8:13	ENTRY POINT	0.7	
30	7:21	ENTRY POINT	0.7	
31	6:30	ENTRY POINT	0.7	

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.

<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>Attach those results and submit them with this form.</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 checked="" 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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>
--	--	---

Printed Name: Deyle Eger Title: Operator Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: ( ) 541 271-2025  
 Date: 25/31/2024 OR Small Groundwater System