

SEPT 20 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	7:05	ENTRY POINT	1.4	
2	6:45	ENTRY POINT	1.4	
3	7:05	ENTRY POINT	1.4	
4	7:30	ENTRY POINT	1.3	
5	6:30	ENTRY POINT	1.3	
6	6:45	ENTRY POINT	1.2	
7	7:20	ENTRY POINT	1.2	
8	7:35	ENTRY POINT	1.2	
9	6:25	ENTRY POINT	1.2	
10	6:45	ENTRY POINT	1.2	
11	7:10	ENTRY POINT	1.2	
12	6:10	ENTRY POINT	1.1	
13	8:05	ENTRY POINT	1.1	
14	7:50	ENTRY POINT	1.0	
15	6:10	ENTRY POINT	1.0	
16	6:25	ENTRY POINT	1.0	
17	6:45	ENTRY POINT	1.0	
18	7:12	ENTRY POINT	1.0	
19	6:10	ENTRY POINT	0.9	
20	6:51	ENTRY POINT	0.9	
21	8:22	ENTRY POINT	0.9	
22	6:10	ENTRY POINT	0.9	
23	7:15	ENTRY POINT	0.9	
24	6:45	ENTRY POINT	0.9	
25	8:21	ENTRY POINT	0.8	
26	7:25	ENTRY POINT	0.8	
27	7:20	ENTRY POINT	0.8	
28	6:10	ENTRY POINT	0.8	
29	6:45	ENTRY POINT	0.8	
30	7:10	ENTRY POINT	0.7	
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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: Bracey Elden  
 Signature: [Signature]  
 Date: 10/21/2024

Title: Public  
 Phone #: 541-271-2000

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System