|  |  |  |  |
| --- | --- | --- | --- |
| System Name | Rogue Community College | PWS ID# | 4 1 93940 |
| Month/Year |  05/21  | Entry Point: | Distribution Pumphouse | Required Minimum Residual  | .20 mg/L  |
|  |  |  |  |  |
| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
| 1 | 11:00 | all on | .35 | all times a.m. unless noted |
| 2 | 8:30 | all on | .325 |       |
| 3 | 6:05 | all on | .35 |       |
| 4 | 5:45 | all on | .35 |       |
| 5 | 5:15 | all on  | .35 |       |
| 6 | 4:35 | all on | .35 |       |
| 7 | 5:35 | all on | .35 |       |
| 8 | 8:55 | all on | .35 |       |
| 9 | 9:50 | all on | .35 |       |
| 10 | 5:15 | all on | .325 |       |
| 11 | 5:45 | all on | .35 |       |
| 12 | 5:50 | all on | .35 |       |
| 13 | 5:55 | all on | .35 |       |
| 14 | 5:55 | all on | .35 |       |
| 15 | 8:35 | all on | .35 |       |
| 16 | 8:40 | all on | .35 |       |
| 17 | 5:15 | all on | .35 |       |
| 18 | 5:40 | all on | .325 |       |
| 19 | 5:25 | all on | .35 |       |
| 20 | 5:50 | 1,3 | .35 |       |
| 21 | 5:00 | 1,3 | .325 |       |
| 22 | 9:10 | 1,3 | .35 |       |
| 23 | 10:50 | 1,3 | .325 |       |
| 24 | 6:05 | 1,3 | .325 |       |
| 25 | 5:50 | 1,3 | .325 |       |
| 26 | 5:55 | 1,3 | .35 |       |
| 27 | 5:55 | 1,3 | .325 |       |
| 28 | 5:55 | 1,3 | .325 |       |
| 29 | 8:00 | all on | .325 |       |
| 30 | 8:30 | all on | .35 |       |
| 31 | 7:30 | all on | .35 |       |
| Was the chlorine residual ever less than the required minimum residual of .20 mg/L? [ ]  Yes [x]  NoIf yes, what was the longest time period until the required level was restored?       hours |
| **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 .20 mg/L? 🞏Yes 🞏 No *Attach those results and submit them with this form.* | Did continuous monitoring equipment fail at any time this reporting month? [ ]  Yes [x]  NoIf yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? [ ]  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: Ted Smith | Title: Landscaper/Groundskeeper  | Operator Certification #:       |
| Signature:  | Phone #: ( 541) 956-7161 | OR |
| Date: 05 / 31 / 21 |  | Small Groundwater System [x]  |