|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  No  If 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  No  If 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 | | | | | |