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| System Name | Jefferson Baptist Church | PWS ID# | 4 1 95136 |
| Month/Year | 11/2024  | Entry Point: | B | Required Minimum Residual  | 0.56 mg/L  |
|  |  |  |  |  |
| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
| 1 | 8:30am | Gym mens bath | 1.1 |       |
| 2 | 8:00am | Gym mens bath | 1.0 |       |
| 3 | 11:00am | Gym mens bath | 1.1 |       |
| 4 | 8:30am | Gym mens bath | 1.0 |       |
| 5 | 9:00am | Gym mens bath | 1.1 |       |
| 6 | 8:00am | Gym mens bath | 1.0 |       |
| 7 | 8:30am | Gym mens bath | 1.0 |       |
| 8 | 8:00am | Gym mens bath | 0.9 |       |
| 9 | 8:00am | Gym mens bath | 1.0 |       |
| 10 | 11:00am | Gym mens bath | 0.9 |       |
| 11 | 9:30am | Gym mens bath | 1.1 |       |
| 12 | 9:00am | Gym mens bath | 1.0 |       |
| 13 | 10:30am | Gym mens bath | 0.9 |       |
| 14 | 10:00am | gym mens bath | 0.9 |       |
| 15 | 8:00am | Gym mens bath | 1.0 |       |
| 16 | 8:00am | Gym mens bath | 0.8 |       |
| 17 | 11:00am | gym mens bath | 1.0 |       |
| 18 | 8:30am | Gym mens bath | 0.9 |       |
| 19 | 9:00am | gym mens bath | 1.0 |       |
| 20 | 11:00am | Gym mens bath | 0.8 |       |
| 21 | 8:00am | Gym mens bath | 0.7 |       |
| 22 | 8:00am | gym mens bath | 0.9 |       |
| 23 | 8:00am | Gym mens bath | 1.0 |       |
| 24 | 11:00am | Gym mens bath | 1.0 |       |
| 25 | 9:00am | Gym mens bath | 1.1 |       |
| 26 | 8:00am | Gym mens bath | 1.0 |       |
| 27 | 8:00am | gym mens bath | 1.0 |       |
| 28 |       |       |       | Holiday |
| 29 |       |       |       | Holiday |
| 30 |       |       |       | Holiday |
| 31 |       |       |       |       |
| Was the chlorine residual ever less than the required minimum residual of       mg/L? [ ]  Yes [ ]  NoIf 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** | **GWS Serving More Than 3,300** |
| 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.* | 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 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: Christopher Elkins | Title: maintenance  | Operator Certification #:       |
| Signature:  | Phone #: ( 541) 971-5271 | OR |
| Date: 12 / 04 / 2024 |  | Small Groundwater System [x]  |