|  |  |  |  |
| --- | --- | --- | --- |
| System Name | OSU Crew Docks | PWS ID# | 4 1 41-95390 |
| Month/Year |  04/2022  | Entry Point: | Chart at Mixing Tank | Required Minimum Residual  | 2.00 mg/L  |
|  |  |  |  |  |
| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
| 1 | 12p | Chart Recorder at mixing tank | 2.97 |       |
| 2 | 12p | " | 2.97 |       |
| 3 | 12p | " | 2.97 |       |
| 4 | 12p | " | 2.94 |       |
| 5 | 12p | " | 2.4 |       |
| 6 | 12p | " | 2.97 |       |
| 7 | 12p | " | 2.97 |  |
| 8 | 12p | " | 2.28 |       |
| 9 | 12p | " | 2.97 |  |
| 10 | 12p | " | 2.76 |       |
| 11 | 12p | " | 2.52 |       |
| 12 | 12p | " | 2.4 |       |
| 13 | 12p | " | 2.97 |       |
| 14 | 12p | " | 2.55 |       |
| 15 | 12p | " | 2.97 |       |
| 16 | 12p | " | 2.7 |       |
| 17 | 12p | " | 2.28 |       |
| 18 | 12p | " | 2.55 |       |
| 19 | 12p | " | 2.52 |       |
| 20 | 12p | " | 2.79 |       |
| 21 | 12p | " | 2.55 |       |
| 22 | 12p | " | 2.43 |       |
| 23 | 12p | " | 2.55 |       |
| 24 | 12p | " | 2.31 |       |
| 25 | 12p | " | 2.28 |       |
| 26 | 12p | " | 2.52 |       |
| 27 | 12p | " | 2.79 |       |
| 28 | 12p | " | 2.55 |       |
| 29 | 12p | " | 2.43 |       |
| 30 | 12p | " | 2.76 |       |
| 31 | 12p | " |       |       |
| Was the chlorine residual ever less than the required minimum residual of 2.00 mg/L? ☐ Yes ☐X 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 ☐ 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: John Schneider | Title: boatman  | Operator Certification #:       |
| Signature:  | Phone #: (  541) 231-4291 | OR |
| Date: 05 / 10 / 2022 |  | Small Groundwater System ☐ |

December 19, 2012