

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems



System Name Days Creek School PWS ID# 41 92101
 Month/Year FEB 121 Entry Point: EP-A Required Minimum Residual 1.0 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0730	Spring	1.2	
2	8:08		1.4	
3	8:06		2.6	
4	8:05		1.4	
5	OFF		OFF	
6	OFF		OFF	
7	OFF		OFF	
8	8:07		1.4	
9	8:05		1.4	
10	8:06		1.4	
11	1757		1.5	
12	OFF		OFF	
13	OFF		OFF	
14	OFF		OFF	
15	OFF		OFF	
16	8:05	None		none Taken
17		None		none Taken
18		None	1.4	none Taken
19	/		OFF	
20	/		OFF	
21	/		OFF	
22	1516		2.0	
23	0700		2.8	
24	0714		3.0	
25	1117		2.5	
26	1414		2.8	
27	/		OFF	
28	/		OFF	
29	/		OFF	
30	/		OFF	
31	/		OFF	

Was the chlorine residual ever less than the required minimum residual of _____ 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Matt Giles Title: Water Operator Operator Certification #: T-092909
 Signature: _____ Phone #: (541) 825-3296 OR D-09475
 Date: 3 11 121 ext. 3913 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.