

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

System Name *Days Creek School* PWS ID# *4492101*  
 Month/Year *Mar 12/1* Entry Point: *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	0714	<i>Spring</i>	1.5	
2	0730		2.0	
3	0756		1.5	
4	0757		1.4	
5	07		1	
6				
7				
8	0736		1.3	
9	0749		1.3	
10	0753		1.5	
11	0747		1.4	
12				
13				
14				
15	9:07		2.0	
16	0753	2.0		
17	0600	2.8		
18	0755	3.0		
19			<i>Spring break</i>	
20				
21				
22				
23				
24				
25				
26				
27				
28				
29	0736	3.0		
30	0752	3.0		
31	0755	2.8		

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.

*0755*  
*2.8*

<p><b>GWS Serving 3,300 or Fewer</b></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><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____</p> <p>Date it was returned to service: _____ / _____</p>
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Printed Name: *Matt Wick* Title: *Water Supervisor* Operator Certification #: *T092904*  
 Signature: *[Signature]* Phone #: *(541) 825-3296* OR *D094775*  
 Date: *4/15/12* Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.