

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

System Name Days Creek School

PWS ID# 4192101

Month/Year: April 12 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	0755	Spring	2.8	
2	OFF		OFF	
3	OFF		OFF	
4	OFF		OFF	
5	0803		2.8	
6	0806		2.8	
7	0815		2.8	
8	0810		2.8	
9	OFF		2.8	
10	OFF		OFF	
11	OFF		OFF	
12	8:11		2.6	
13	8:07		2.8	
14	8:11		2.4	
15	8:05		2.6	
16	OFF		OFF	
17	OFF		OFF	
18	OFF		OFF	
19	8:10		2.0	
20	8:05		2.0	
21	8:05		2.0	
22	8:04		2.0	
23	OFF			
24	OFF			
25	OFF			
26	8:05		1.6	
27	8:06		1.6	
28	8:16		1.6	
29	8:07		1.6	
30	8:19		1.7	
31	OFF		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 Lira Title: water operator Operator Certification #: 7092909
 Signature: [Signature] Phone #: (541) 825-3296 OR
 Date: 5/11/12 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.