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

Date   Time   Source(s) in use   Lowest free chlorine residual at entry point to distribution system (mgt.)	System Name Days Creek school PWS ID# 4197101							
Date   Time								
2	Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to		Notes	
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29 or 30 or 4 sate chlorine residual ever less than the required minimum residual of mg/L? Yes No lf 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 lf 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 No lf 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.					1.2	MANE	RI CARILL AD	
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