

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

System Name Days Creek School PWS ID# 4192101
 Month/Year July 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	13:23	Spring	3.5	
2	OFF			
3	OFF			
4	OFF			
5				
6				
7	3:57		0	
8	05:55		1.5	O working on get right
9	7:47		2.6	Lowered to 2.35/3.5
10	OFF			Boil water Notice issued
11	OFF			
12	7:40		2.4	
13	8:15		2.6	
14	8:17		3.0 / 3.0	
15	8:06		2.6	
16	8:13		2.6	
17	OFF			
18	OFF			
19	—			
20	8:00		2.8	
21	7:50		2.8	
22	7:53		2.8	
23	7:54		2.8	
24	OFF			
25	OFF			
26	8:00		2.8	
27	7:46		2.9	
28	7:55		3.0	
29	8:16		2.8	
30	8:40		2.4	
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 checked="" 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 checked="" 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 Link Title: Water Operator Operator Certification #: TD92401
 Signature: _____ Phone #: (541) 825-3246 OR
 Date: 8/14/21 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.