

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

System Name Days Creek School PWS ID# 41 92101
 Month/Year Aug 121 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	OFF	SPRING		
2	8:12A		2.8	
3	2:14P		2.7	
4	7:08A		2.67	
5	8:28		3.45	
6	8:05		3.59	Lowered CL 2
7	OFF			
8	OFF			
9	7:53		3.14	
10	7:57		3.21	
11	7:52		2.89	
12	-		-	
13	8:13		3.37	
14	OFF		-	
15	OFF		-	
16	9:42		4.21	9:17 = 4.07, 9:30 2.98
17	7:00		1.6	Lower CL 2
18	7:30		3.05	
19	7:45		2.99	
20	8:15		1.88	
21	-		-	
22	-		1.82	
23	0648		1.81	0748 = 1.84
24	0747		1.87	
25	0706		1.82	
26	0713		2.10	
27	OFF			
28	OFF			
29	OFF			
30	8:15		1.82	
31	0758		2.03	

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>/ /</p> <p>Date it was returned to service:</p> <p>/ /</p>
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Printed Name: Matt Giles Title: Water Operator Operator Certification #: FO 92901
 Signature: _____ Phone #: (541) 825-3296 OR
 Date: 9/1/12 Small Groundwater System