

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

System Name Day/ Creek School  
 Month/Year Sept 1 21 Entry Point: A

PWS ID# 41 92101  
 Required Minimum Residual 2.0 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	7:29		2.37	
3	7:32		2.08	
4	7:33	OFF	2.14	
5				
6				
7	7:33		2.14	
8	7:21		2.14	
9	7:37		2.32	
10	7:58		1.99	
11		OFF		
12		OFF		
13	7:34	Spring	1.85	
14	7:40	Spring	1.61	
15	7:44	Spring	1.38	
16	7:30		1.68	
17		OFF		
18		OFF		
19		OFF		
20	07:30		1.75	
21	07:45		1.80	
22	07:38		1.89	
23	07:37		1.83	
24	07:30		<del>1.85</del> 1.85	3600 Gallon Bulk water
25	09:14		1.26	
26	<del>07:44</del>		<del>1.85</del> OFF	
27	07:44		1.18	
28	07:35		2.30	
29	07:40		1.83	
30	07:35		1.66	
31				

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><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>Attach those results and submit them with this form.</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>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 Giles Title: Water Operator Operator Certification #: T092901  
 Signature: [Signature] Phone #: (541) 825-3298  
 Date: 10 14 21

OR  
 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.