

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

System Name *Duys Creek*

PWS ID# *4192101*

Month/Year *Oct 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		<i>Bulk water, 3,000 Tricity</i>
2		OFF		
3		OFF		
4	<i>07:20</i>	<i>Spring</i>	<i>1.29</i>	
5	<i>07:15</i>	<i>"</i>	<i>1.44</i>	
6	<i>07:40</i>	<i>"</i>	<i>2.27</i>	
7	<i>07:</i>	<i>"</i>	<i>2.24</i>	
8		OFF		
9		OFF		
10		OFF		
11	<i>09:36</i>		<i>3.26</i>	
12	<i>09:38/3</i>		<i>3.26</i> <i>2.93</i>	<i>70/70 to 60/60</i>
13	<i>07:30</i>		<i>2.93</i> <i>2.65</i>	
14	<i>07:40</i>		<i>2.85</i>	<i>Bulk water 6000 Tricity</i>
15		OFF		
16		OFF		
17	<i>07:49</i>	OFF OFF	<i>2.0</i>	
18	<i>09:49</i>		<i>2.0</i>	
19	<i>11:11A</i>		<i>1.26</i>	
20	<i>07:49</i>		<i>1.44</i>	
21	<i>10:01</i>		<i>2.61</i>	
22		OFF		
23		OFF		
24		OFF		
25	<i>1:20</i>		<i>2.48</i>	
26	<i>12:30</i>		<i>2:41</i>	
27	<i>09:51</i>		<i>2:53</i>	
28	<i>07:42</i>		<i>1.63</i>	
29		OFF		
30		OFF		
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.

GWS Serving 3,300 or Fewer

If 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.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No
 If 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.

Date continuous monitoring equipment failed: *1 1*
 Date it was returned to service: *1 1*

11-1-201

Printed Name: *Mass Liles* Title: *water operator*
 Signature: *[Signature]* Phone #: *(541) 825-3296*
 Date: *11/13/121*

Operator Certification #: *T092901*
 OR
 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.