

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

System Name Days Creek PWS ID# 41 92101  
 Month/Year Nov 121 Entry Point: A 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	7:40	Spring	2.94	
2	7:30	"	2.39	
3	8:00	"	1.76	
4	7:40		2.27	
5			OFF	B-11c water
6			OFF	
7			OFF	
8	7:30		1.16	55/65 - 75-75
9	7:30		<del>1.18</del> 1.18	mg
10	7:30		2.13	
11			OFF	
12			OFF	
13			OFF	
14			OFF	
15	07:44		1.58	
16	07:40		1.58	
17	07:40		2.23	
18	07:35		3.11	
19	07:35		2.71	OFF ml
20			OFF	
21			OFF	
22	07:35		2.71	ml
23	07:45		2.53	
24			OFF	
25			OFF	
26			OFF	
27			OFF	
28			OFF	Part in water on 3:30
29	07:40		2.88	
30	07:30		2.85	
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>
--	--	---

Printed Name: Matt Liker Title: Water Operator Operator Certification #: 709 2901  
 Signature: [Signature] Phone #: (541) 825-5296  
 Date: 12/1/21 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.