

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

System Name Days Creek PWS ID# 41 02 101
 Month/Year Dec 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	07:35		3.07	
2	07:30		3.11	
3	12:00		2.33	Bulk water delivery
4	off			
5	off			
6	07:30		1.96	
7	07:35		1.99	
8	2:27		1.94	
9	07:40		1.92	
10			OFF	
11			OFF	
12			OFF	
13	07:35		3.60	
14	07:01		3.28	
15	07:30		2.32	
16	07:40		3.12	
17			OFF	Christmas Break
18			OFF	
19			OFF	
20			OFF	
21			OFF	
22			OFF	
23			OFF	
24			OFF	
25			OFF	
26			OFF	
27	12:30		3.04	
28			OFF	
29	10:00		3.01	
30	10:00		3.17	
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>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>Date it was returned to service: / /</p>
--	--	---

Printed Name: Matt Miles Title: Water Operator Operator Certification #: T092901
 Signature: [Signature] Phone #: (541) 825-3246 OR
 Date: 113122 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.