

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

System Name Duys Creek School

PWS ID# 41 92101

Month/Year Feb / 22 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    | 0730            |                  | 1.77   |               |
| 2    | 0730            |                  | 1.81   | Trapped water |
| 3    | 0700            |                  | 1.54   |               |
| 4    |                 |                  | OFF  |               |
| 5    |                 |                  | OFF  |               |
| 6    |                 |                  | OFF  |               |
| 7    | 0700            |                  | 1.96   |               |
| 8    | 0730            |                  | 2.13   |               |
| 9    | 0730            |                  | 2.08   |               |
| 10   | 0735            |                  | 1.77   |               |
| 11   | <del>0730</del> |                  | OFF  |               |
| 12   |                 |                  | OFF  |               |
| 13   |                 |                  | OFF  |               |
| 14   | 0730            |                  | 2.17   |               |
| 15   | 0725            |                  | 2.24   |               |
| 16   | 0730            |                  | 1.83   |               |
| 17   | 0705            |                  | 2.17   |               |
| 18   |                 |                  | OFF  |               |
| 19   |                 |                  | OFF  |               |
| 20   |                 |                  |  |               |
| 21   |                 |                  | OFF  |               |
| 22   | 0906            |                  | 2.21   | Mixed CL2     |
| 23   | 0635            |                  | 1.87   | Trapped water |
| 24   | 0700            |                  | 3.66   |               |
| 25   |                 |                  | OFF  |               |
| 26   |                 |                  | OFF  |               |
| 27   |                 |                  | OFF  |               |
| 28   | 0715            |                  | 3.71   |               |
| 29   | <del>0715</del> | ML               | 3.83 ML  |               |
| 30   |                 |                  |  |               |
| 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 L. H.S. Title: Water Operator Operator Certification #: T09299  
 Signature: [Signature] Phone #: (541) 825-3296 OR  
 Date: 3 / 2 / 22 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.