

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

System Name Duys Creek

PWS ID# 41 9.2.101


Month/Year Mar 12 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	0715		3.83	
2	0730		3.90	
3	0638		3.73	Treated water
4	off		off	
5	off			
6	off			
7	7:25		2.74	
8	7:30		2.91	
9	7:30		3.00	Treated water
10	7:30		2.39	
11	13:21		2.17	
12			off	
13				
14	0700		2.08	
15	0720		2.14	
16	0740		2.04	
17	0735		2.01	
18			off	
19				
20				Spring break
21	0825		1.92	
22			off	
23				
24				
25	1006		1.89	
26			off	
27			off	
28	0637		1.67	
29	0830		2.12	
30	0730		1.95	
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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: <u>Matt Lutz</u>	Title: <u>water operator</u>	Operator Certification #: <u>T092901</u>
Signature: 	Phone #: <u>(541) 825-3228</u>	OR
Date: <u>7/14/22</u>		Small Groundwater System <input type="checkbox"/>

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.