

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

System Name Days Creek

PWS ID# 41 92101

Month/Year May 122 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				
2	0700		3.17	
3	0714		2.94	
4	0730		3.48	
5	0700		2.09	Sink
6			OFF	
7				
8				
9	0715		3.15	
10	0730		2.87	
11	1607		2.43	Treated
12	0730		2.09	
13			OFF	
14				
15				
16	0715		2.25	Treated
17	0730		2.49	
18	0745		2.04	
19	0730		2.25	
20				
21				
22				
23	0746		2.01	Treated
24	0730		1.69	
25	0730		1.51	
26	0730		1.94	
27				
28				
29				
30				
31	0715		1.71	

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><i>Attach those results and submit them with this form.</i></p>	<p align="center">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><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>

Printed Name: Matt Litz Title: Water Operator Operator Certification #: 5092901
 Signature: [Signature] Phone #: (501) 825-3226 OR
 Date: 6 1 2 1 2 2 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.