

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

System Name Days Creek School PWS ID# 4192101  
 Month/Year July 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	0723		1.64	
2				
3				
4				
5	0750		1.62	
6	0320		1.61	
7	0750		1.76	
8	0901		1.63	
9	0934		1.75	
10				
11	0708		1.62	
12	1123		1.63	
13	1120		1.55	
14	0742		1.61	
15	1400		1.36	Mixed CLR
16				
17				
18	0815		1.11	Turned up CLR
19	0715		1.27	
20	0730		2.25	
21	0710		2.43	
22	0730		2.77	
23				
24				
25	0735		2.75	
26	0715		2.97	
27	0720		2.77	
28	0740		2.81	
29	0800		2.87	
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>
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Printed Name: Matt Curtis Title: Water Operator Operator Certification #: 709299  
 Signature: [Signature] Phone #: (511) 825-3296 OR  
 Date: 8 11 122 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.