

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

System Name *Days Creek School*

PWS ID# *41 9 2 201*

Month/Year *sep 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	<i>0735</i>	<i>Spring</i>	<i>2.59</i>		
2					
3					
4					
5					
6	<i>0630</i>			<i>2.27</i>	
7	<i>0745</i>			<i>2.75</i>	<i>B</i>
8	<i>0715</i>			<i>2.83</i>	<i>B</i>
9				<i>2.92</i>	
10					
11					
12	<i>0630</i>			<i>2.90</i>	
13	<i>0630</i>			<i>2.77</i>	
14	<i>07:45</i>			<i>2.87</i>	<i>B</i>
15	<i>0635</i>			<i>2.80</i>	<i>Bulk water 10:00</i>
16	<i>0730</i>			<i>1.90</i>	
17					
18					
19	<i>0635</i>			<i>1.32</i>	
20	<i>0635</i>			<i>2.18</i>	
21	<i>0730</i>			<i>2.28</i>	<i>B</i>
22	<i>0830</i>			<i>2.15</i>	<i>B</i>
23	<i>0830</i>			<i>2.21</i>	
24					
25					
26	<i>0635</i>			<i>2.24</i>	
27	<i>0630</i>			<i>1.93</i>	
28	<i>0736</i>			<i>2.19</i>	<i>B</i>
29					
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>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>
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Printed Name: *Matt Liles* Title: *Water Operator* Operator Certification #: *T-092509*
 Signature: *[Signature]* Phone #: *(503) 825-3296* OR
 Date: *110 13* Small Groundwater System