

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

System Name Days Creek PWS ID# 4192101  
 Month/Year Oct 1 22 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	0630	Spring	1.98	
2	0633		2.33	
3				
4	0730		2.35	B
5	0730		2.03	B Bulk water del
6	0736		1.05	B
7	0855		1.53	E
8	<del>0730</del>		<del>1.84</del>	<del>B</del> → mL
9	<del>0730</del>		<del>1.05</del>	<del>B</del>
10	0710		1.34	B
11	0730		2.05	
12	0730		2.01	B
13	0730		2.46	B
14	1022		2.30	E
15				
16				
17	0645		3.58	C
18	0730		3.10	B
19	0730		1.70	B
20	0730		1.15	B
21	0730		1.16	B
22			<del>1.05</del>	<del>B</del>
23				
24	0730		1.05	B treated H <sub>2</sub> O 2.3 (After)
25	0730		2.23	B
26	0730		2.08	B
27	0730		2.12	B
28	0745		2.37	E
29	/		/	
30	/		/	
31	0745		2.91	B

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: Mark Linn Title: Water Operator Operator Certification #: 092901  
 Signature: [Signature] Phone #: (541) 825-3296  
 Date: 11/17/22 OR Small Groundwater System