

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

System Name *Days Creek*

PWS ID# *4192101*

Month/Year *Nov 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	0730	<i>Spring</i>	<i>3.11</i>		
2	0730		<i>3.09</i>		
3	0730		<i>1.75</i>	<i>Bk / k meter</i>	
4	0730		<i>2.3</i>		
5					
6					
7	13:00			<i>2.15</i>	<i>B</i>
8	0730			<i>2.16</i>	<i>B</i>
9	0730			<i>2.37</i>	<i>B</i>
10	0730			<i>2.40</i>	<i>B</i>
11					
12					
13					
14	0730		<i>2.32</i>	<i>B</i>	
15	0730		<i>2.45</i>	<i>B</i>	
16	0730		<i>2.50</i>	<i>B</i>	
17	0730		<i>2.15</i>	<i>B</i>	
18	12:30		<i>2.76</i>	<i>B</i>	
19	07:30		<i>2.42</i>	<i>B</i>	
20	09:45		<i>1.64</i>	<i>B</i>	
21					
22					
23		<i>Thanks & Lin's Break</i>			
24					
25					
26					
27					
28	0645		<i>1.49</i>		
29	0745		<i>2.167</i>	<i>B</i>	
30	0745		<i>2.68</i>	<i>B</i>	
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><i>Attach those results and submit them with this form.</i></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><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 Liles*

Title: *water operator*

Operator Certification # *092901*

Signature: *[Signature]*

Phone #: *(541) 825-3296*

OR

Date: *12/5/22*

Small Groundwater System