

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

System Name Days Creek

PWS ID# 4192101

Month/Year Dec 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		<u>Spring</u>	<u>2.81</u>		
2			<u>2.70</u>		
3	<u>12:43</u>		<u>2.6</u>		
4					
5	<u>07:45</u>			<u>2.51</u>	<u>B</u>
6	<u>07:45</u>			<u>2.62</u>	<u>B</u>
7	<u>07:45</u>			<u>2.39</u>	<u>B</u>
8	<u>08:00</u>			<u>2.80</u>	<u>B</u>
9	<u>07:20</u>			<u>2.70</u>	<u>E</u>
10					
11					
12	<u>07:35</u>			<u>2.58</u>	<u>B</u>
13	<u>07:30</u>			<u>2.34</u>	<u>B</u>
14	<u>07:35</u>			<u>2.31</u>	<u>B</u>
15	<u>07:35</u>			<u>2.42</u>	<u>B</u>
16	<u>07:30</u>			2.29 <u>2.29</u>	<u>E</u>
17					
18					
19	<u>07:35</u>			<u>2.44</u>	<u>E</u>
20	<u>07:30</u>			<u>2.43</u>	<u>B</u>
21	<u>07:30</u>			<u>2.90</u>	<u>B</u>
22	<u>07:30</u>			<u>2.85</u>	<u>B</u>
23	<u>07:20</u>			<u>3.12</u>	<u>E</u>
24					
25					
26					
27	<u>07:20</u>			<u>2.71</u>	<u>E</u>
28	<u>07:10</u>			<u>2.28</u>	<u>E</u>
29	<u>07:30</u>			<u>2.48</u>	<u>B</u>
30	<u>10:19</u>			<u>2.44</u>	<u>B</u>
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>	

Printed Name: Matt Giles Title: Water Operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3290
 Date: 1 14 123 OR
 Small Groundwater System