

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

System Name Pays Creek PWS ID# 4192101
 Month/Year Jan 123 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>		
2				
3	<u>7:30</u>		<u>2.43</u>	
4	<u>7:30</u>		<u>2.11</u>	
5	<u>7:30</u>		<u>2.45</u>	<u>B</u>
6	<u>7:30</u>		<u>2.42</u>	<u>B</u>
7				
8				
9	<u>7:30</u>		<u>2.43</u>	<u>B</u>
10	<u>7:30</u>		<u>2.11</u>	<u>B</u>
11	<u>7:45</u>		<u>2.34</u>	<u>B</u>
12	<u>8:00</u>		<u>2.39</u>	<u>B</u>
13	<u>7:20</u>		<u>2.53</u>	<u>E</u>
14				
15				
16				
17	<u>7:30</u>		<u>2.43</u>	<u>B</u>
18	<u>7:30</u>		<u>2.34</u>	<u>B</u>
19	<u>7:50</u>		<u>2.01</u>	<u>B</u>
20	<u>7:30</u>		<u>1.60</u>	<u>B</u>
21				
22				
23	<u>7:30</u>		<u>1.63</u>	<u>B</u>
24	<u>7:45</u>		<u>1.92</u>	<u>B</u>
25	<u>7:30</u>		<u>2.06</u>	<u>B</u>
26	<u>7:30</u>		<u>1.95</u>	<u>B</u>
27	<u>7:46</u>		<u>2.03</u>	<u>F</u>
28	<u>7:45</u>		<u>1.97</u>	<u>B</u>
29	<u>7:30</u>		<u>2.19</u>	<u>B</u>
30	<u>7:45</u>		<u>2.13</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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Matt Liles Title: Water Operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3288
 Date: 2/1/23 OR Small Groundwater System