

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

System Name Days Creek PWS ID# 419201
 Month/Year Mar 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	0800	<i>Spring</i>	2.54	B
2	0730		2.58	B
3	0730		2.27	B
4	/		/	/
5	/		/	/
6	0745		2.62	B
7	0745		2.55	B
8	0745		2.27	B
9	0815		2.34	B
10	0720		2.64	E
11	/		/	/
12	/		/	/
13	0745		2.65	B
14	0730		2.91	B
15	0730		2.58	B
16	0745		2.44	B
17	0745		2.72	E
18	/		/	/
19	/		/	/
20	0745		2.51	B
21	0745		2.56	B
22	0745		2.63	B
23	0800		1.78	B
24	0800		2.45	B
25	/		/	/
26	/		/	/
27	0730		1.91	B
28	0730		2.61	B
29	0730		2.32	B
30	0720		2.61	E
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 Baker Title: water operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3294
 Date: 7 13 123

OR
 Small Groundwater System