

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

System Name Days Creek PWS ID# 4192101
 Month/Year Apr 11 23 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				
2				
3	0800	Spring	2.44	B
4	0806		2.30	B
5	0745		2.61	B
6	0800		2.34	B
7	0745		2.51	E
8	/		/	
9	/		/	
10	0745		2.50	B
11	0730		2.54	B
12	0745		2.41	B
13	0730		2.13	B
14	/		/	
15	/		/	
16	/		/	
17	0730		2.54	B
18	0745		2.36	B
19	0745		1.82	B
20	0745		2.31	B
21	0735		2.23	E
22	/		/	
23	/		/	
24	0800		1.90	B
25	0800		2.05	B
26	0745		2.38	B
27	0730		2.36	B
28	0715		2.41	E
29				
30				
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 Coker Title: Water Operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3396 OR
 Date: 5/11/23 Small Groundwater System