

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

System Name Days Creek PWS ID# 4192101
 Month/Year May 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	0730	Spring	2.08	F	
2	0745		2.28	B	
3	0745		2.26	B	
4	0843		2.13	B	
5	0737		2.35	F	
6	/		/	/	/
7	/		/	/	/
8	0740		2.25	B	
9	0800		2.18	B	
10	0745		2.19	B	
11	0745		2.25	B	
12	0745		2.39	B	
13	/		/	/	/
14	/		/	/	/
15	0730		2.35	B	
16	0730		2.27	B	
17	0730		2.11	B	
18	07:40		2.35	B	
19	07:30		2.30	B	
20	/		/	/	/
21	/		/	/	/
22	0730		2.49	B	
23	0740		2.45	B	
24	0930		2.49	B	
25	01:00		2.33	B	
26	07:45		2.54	B	
27	/		/	/	/
28	/		/	/	/
29	/		/	/	/
30	0730		3.11	B	
31	0745	2.82	B		

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 Gales Title: water operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3296
 Date: 6 12 123 OR Small Groundwater System