

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

System Name Days Creek PWS ID# 4192101
 Month/Year June 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	0745	Spring	2.55	
2	0742		2.61	
3				
4				
5	0715		2.68	EJ
6	0715		3.60	EJ
7	0730		3.13	B
8	0740		3.09	EJ
9	0745		3.27	B
10				
11				
12	0715		3.22	EO
13	0715		1.47	EJ
14	0745		2.68	EO
15	0730		1.39	EJ
16	0715		2.43	EJ
17	/		/	/
18	/		/	/
19	/		/	/
20	7:40		2.40	BA
21	7:15		2.21	BA
22	7:45		2.81	EJ
23	7:05		2.56	EJ
24	/		/	/
25	/		/	/
26	0745		2.51	B
27	0730		2.51	B
28	0730		2.06	B
29				EJ
30	0715		2.56	EJ
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 Giles Title: Water Operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3296
 Date: 7 16 23 OR
 Small Groundwater System