

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

System Name Days Creek PWS ID# 4192101  
 Month/Year July 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	/			
4	/			
5	0730		2.97	EJ
6	0745		2.81	B
7	0815		1.75	B
8	/			
9	/			
10	0715		2.168	B
11	0715		1.11	EJ
12	0745		2.165	B
13	0845		2.165	B
14	0720		2.56	EJ
15	<del>0715</del>		/	<del>B</del>
16	/			
17	0725		1.31	EJ
18	0745		2.168	DA
19	0715		2.58	B
20	0730		2.19	B
21	0745		2.18	B
22	/			
23	/			
24	0715		2.106	B
25	0715		2.49	B
26	0715		2.94	B
27	0720		1.77	E
28				
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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 Wilk Title: water operator Operator Certification #: 092901  
 Signature: [Signature] Phone #: (541) 825-3296  
 Date: 8/7/23

OR  
 Small Groundwater System