

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

System Name Days Creek PWS ID# 4192101
 Month/Year Aug 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	0715	Spring	2.51	B
2	0715	"	1.39	B
3	0845	"	1.40	B
4			1.40	
5				
6				
7	0730	"	1.28	B treated 1.57 after
8	0800		1.35	B
9				
10	0730		1.46	E
11	0900	"	1.38	B
12	0700	"	1.78	B
13				
14	0715	"	1.78	B
15	0745	"	1.55	B
16	0745		1.79	B
17			1.71	B
18	0730		1.86	E
19				
20				
21	0815		1.85	E
22	1350		2.19	E
23	0730		2.10	B
24	0730		2.10	B
25	0806		2.09	E
26				
27				
28	0730		2.01	B
29	0730		1.93	B
30	0730		2.05	B
31	0830		1.92	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>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 Cikes Title: Water Operator Operator Certification #: 7092901
 Signature: _____ Phone #: (541) 885-3296 OR
 Date: 9 15 123 Small Groundwater System