

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

System Name *Duff Creek*

PWS ID# *4192101*

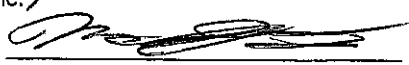
Month/Year *Sep 123* Entry Point: *A*

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	<i>0730</i>	<i>Spring</i>	<i>1.30</i>		
2					
3					
4					
5	<i>0730</i>			<i>1.56</i>	<i>B</i>
6	<i>0800</i>			<i>2.02</i>	<i>B</i>
7	<i>0830</i>			<i>2.12</i>	<i>B</i>
8	<i>0735</i>			<i>2.38</i>	<i>E</i>
9					
10					
11	<i>0800</i>			<i>1.91</i>	<i>B</i>
12	<i>0730</i>			<i>1.82</i>	<i>B treated = 2.02 After</i>
13	<i>0730</i>			<i>2.16</i>	<i>B</i>
14	<i>0730</i>			<i>2.11</i>	<i>B</i>
15	<i>0730</i>			<i>2.56</i>	<i>E</i>
16					
17					
18	<i>0730</i>			<i>2.31</i>	<i>B</i>
19	<i>0730</i>			<i>2.34</i>	<i>B</i>
20	<i>0830</i>			<i>2.06</i>	<i>B</i>
21	<i>0730</i>			<i>2.04</i>	<i>B</i>
22	<i>0740</i>			<i>2.25</i>	<i>E</i>
23					
24					
25	<i>0730</i>			<i>2.01</i>	<i>B</i>
26	<i>0730</i>			<i>3.05</i>	<i>B</i>
27	<i>0300</i>			<i>3.06</i>	<i>B</i>
28	<i>0730</i>			<i>2.71</i>	<i>B</i>
29	<i>0730</i>			<i>2.96</i>	<i>E</i>
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: <i>Mark White</i>	Title: <i>Operator</i>	Operator Certification #: <i>092901</i>
Signature: 	Phone #: <i>(541) 825-3296</i>	OR
Date: <i>10 14 123</i>		Small Groundwater System <input type="checkbox"/>