

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

System Name Days Creek

PWS ID# 4192101

Month/Year Oct 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		Spring		
2	0730		2.80	from notes
3	0730		2.67	from notes
4	0800		2.85	
5	0800		2.93	B
6	0730		2.47	B
7				
8				
9	0730		3.09	B
10	0800		2.12	B
11	0730		2.27	B
12	0730		1.93	B
13	0730		2.12	B
14				
15				
16	0745		2.43	B
17	0745		2.78	B
18	0730		2.58	B
19	0730		2.57	B
20	0730		2.49	B
21				
22				
23	0730		2.90	B
24	0730		2.30	B
25	0730		2.29	B
26	0730		2.10	B
27	0730		2.13	B
28				
29				
30	0730		2.12	B
31	0730		1.79	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><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 Hicks Title: Water Operator Operator Certification #: 092901  
 Signature: [Signature] Phone #: (571) 825-3296 OR  
 Date: 11/1/23 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.