

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

System Name Days Creek

PWS ID# 4192101

Month/Year Mar 124 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		<u>Spring</u>			
2					
3					
4				<u>2.69</u>	<u>SNOW NO School</u>
5				<u>2.64</u>	<u>1</u>
6	<u>0800</u>			<u>2.31</u>	
7	<u>0745</u>			<u>2.65</u>	
8	<u>0730</u>			<u>2.44</u>	
9					
10					
11	<u>0735</u>			<u>2.68</u>	<u>EJ</u>
12	<u>0730</u>			<u>2.63</u>	
13	<u>0800</u>			<u>2.73</u>	
14	<u>0800</u>			<u>2.87</u>	
15	<u>0730</u>			<u>2.66</u>	
16					
17					
18	<u>0745</u>			<u>2.52</u>	
19	<u>0745</u>			<u>2.30</u>	
20	<u>0745</u>			<u>2.37</u>	
21	<u>0745</u>			<u>2.91</u>	
22	<u>0800</u>			<u>2.56</u>	
23					
24					
25	<u>0710</u>			<u>2.43</u>	
26	<u>0750</u>			<u>2.44</u>	
27	<u>0815</u>			<u>2.29</u>	
28	<u>0805</u>			<u>2.72</u>	
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>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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Matt Gales Title: Water Operator Operator Certification #: 092901
 Signature: [Signature] Phone #: (541) 825-3296
 Date: 4 13 124 OR
 Small Groundwater System