

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

System Name Days Creek PWS ID# 4192101
 Month/Year 4/24 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	0745	Spring	2.53		
2	0800		2.51		
3	0800		2.23		
4	0800		2.43		
5	0725		2.38		
6	/		/	/	
7	/		/	/	
8	0745		2.33		
9	0745		2.38		
10	0745		2.48		
11	0815		2.37		
12	0730		2.54		
13	/		/	/	
14	/		/	/	
15	0730		2.34		
16	0745		2.30		
17	0745		2.52		
18	0745		2.54		
19	0730		2.31		
20	/		/	/	
21	/		/	/	
22	0745		2.69		
23	0745		2.48		
24	0800		2.57		
25	1430		2.75		
26	0730		1.84		
27	/		/	/	
28	/		/	/	
29	0730		2.35		
30	0730		2.66		
31	0730		2.63		

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 Lital Title: Water DRC Operator Certification # 092901
 Signature: [Signature] Phone #: (541) 825-3228 OR
 Date: 5/17/23 Small Groundwater System