

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

System Name Days Creek
Month/Year 5 124 Entry Point:

PWS ID# 41 92101
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	0730	Spring Spring	2.61		
2	0730		2.48		
3	0730		2.46		
4	/				
5	/				
6	0730		2.55		
7	0745		2.45		
8	0745		2.25		
9	0730		2.35		
10	0735		1.14		
11	/				
12	/				
13	0735		2.38		
14	0730		1.84		
15	0730		2.81		
16	0730		2.32		
17	0735		1.26		
18	/				
19	/				
20	0735		2.11		
21	0800		2.37		
22	0820		2.49		
23	0830		2.36		
24	0730		2.40		
25	/				
26	/				
27	/				
28	0745		2.54		
29	0745		2.96		
30	0730		2.85		
31	0730		2.59		

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> <p>/ /</p>

Printed Name: Eli Jenks Title: Water Operator Operator Certification #: 296386
Signature: Eli Jenks Phone #: (541) 825-3296
Date: 6 17 124

OR
Small Groundwater System