

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

System Name Days Creek PWS ID# 41 92101
 Month/Year 9 1 29 Entry Point: 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					
3	09:00			2.37	
4	4:30			2.64	
5	1:05			1.10	
6	0715			2.57	
7					
8					
9	1:00			2.66	
10	1:00			2.67	
11	3:00			2.74	
12	8:30			2.67	
13	0745			2.60	
14					
15					
16	0745			2.52	
17	1:15			1.83	
18	0900			2.61	
19	0430			2.41	
20	0710			2.38	
21					
22					
23	5:00			1.91	
24	0745			2.52	
25	0745			2.51	
26	0915			2.66	
27	0750			2.73	
28					
29					
30	1:15			2.72	
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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Eli Jenks Title: Water Operator Operator Certification #: 296386
 Signature: Eli Jenks Phone #: (541) 825-3296 OR
 Date: 10 11 29 Small Groundwater System