

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

System Name Days Creek

PWS ID# 41 92101

Month/Year 11 / 24 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	0730	Spring	2.12	
2				
3				
4	0730		2.09	
5	0745		2.11	
6	0745		1.88	
7	0745		2.02	
8	0715		2.07	
9				
10				
11				
12	0545		1.55	
13	0745		1.75	
14	0745		1.46	
15	0745		1.65	
16				
17				
18	0745		1.62	
19	0745		1.83	
20	0815		2.123	
21	0745		2.162	
22	1250		2.71	
23				
24				
25	0800		2.47	
26	0745		2.30	
27				
28				
29				
30	0715		2.33	
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.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: \_\_\_\_\_

Date it was returned to service: \_\_\_\_\_

Printed Name: El: Tenks

Title: Water Operator

Operator Certification #: 246386

Signature: U. Fisher

Phone #: (541) 823-3296

OR

Date: 12 / 1 / 2024

Small Groundwater System ☐