

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

System Name Days Creek
Month/Year 12/29 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		<u>Spring</u>		
2	<u>0815</u>		<u>2.36</u>	
3	<u>0800</u>		<u>2.29</u>	
4	<u>0745</u>		<u>2.49</u>	
5	<u>0800</u>		<u>2.59</u>	
6	<u>0800</u>		<u>2.46</u>	
7				
8				
9	<u>0730</u>		<u>2.60</u>	
10	<u>0900</u>		<u>2.61</u>	
11	<u>0730</u>		<u>2.29</u>	
12	<u>0730</u>		<u>2.61</u>	
13	<u>0745</u>		<u>2.49</u>	
14				
15				
16	<u>0730</u>		<u>1.93</u>	
17	<u>0730</u>		<u>2.04</u>	
18	<u>0730</u>		<u>2.13</u>	
19	<u>0730</u>		<u>2.26</u>	
20	<u>0900</u>		<u>1.90</u>	
21				
22				
23	<u>0730</u>		<u>1.89</u>	
24	<u>0845</u>		<u>2.19</u>	
25				
26				
27				
28				
29				
30	<u>1115</u>		<u>2.34</u>	
31	<u>0735</u>		<u>2.25</u>	

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 Jenkins

Title: Water Operator

Operator Certification #: 296386

Signature: El Jenkins

Phone #: (541) 825-3246

OR

Date: 12/31/2024

Small Groundwater System ☐