

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

System Name Days Creek

PWS ID# 41 92101

Month/Year 1 / 25 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	No School	Spring		
2	No School			
3	No School			
4	Weekend			
5	Weekend			
6	0830		2.17	
7	0745		2.12	
8	0745		2.103	
9	0745		2.14	
10	0900		2.26	
11	Weekend			
12	Weekend			
13	0805		2.11	
14	0745		2.22	
15	0745		2.41	
16	0745		2.33	
17	0745		2.35	
18	Weekend			
19	Weekend			
20	No School			
21	0745		2.41	
22	0815		2.35	
23	0815		2.17	
24	0745		2.15	
25	Weekend			
26	Weekend			
27	0745		2.24	
28	0745		2.25	
29	0900		2.26	
30	0900 (0800)		2.37	
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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: Eli Denks

Title: Water Operator

Operator Certification #: 296386

Signature: Eli Denks

Phone #: (541) 825-3296

OR

Date: 2 / 2 / 25

Small Groundwater System ☐