

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

System Name Days Creek
Month/Year 2 125 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				
3	<u>0800</u>		<u>2.02</u>	
4				<u>No School - Snow</u>
5	<u>0830</u>		<u>2.07</u>	
6	<u>0745</u>		<u>2.19</u>	
7				
8				<u>No School</u>
9				
10	<u>0800</u>		<u>2.17</u>	
11	<u>0800</u>		<u>2.14</u>	
12	<u>0745</u>		<u>2.04</u>	
13	<u>0745</u>		<u>2.08</u>	
14	<u>0800</u>		<u>2.72</u>	
15				<u>No School</u>
16				
17				
18	<u>0800</u>		<u>2.25</u>	
19	<u>0815</u>		<u>2.37</u>	
20	<u>0730</u>		<u>2.163</u>	
21	<u>0800</u>		<u>2.82</u>	
22				
23				<u>No School</u>
24	<u>0800</u>		<u>2.91</u>	
25	<u>0800</u>		<u>2.410</u>	
26	<u>0730</u>		<u>2.61</u>	
27	<u>0800</u>		<u>2.69</u>	
28	<u>3/5</u>		<u>2.52</u>	
29				
30				
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: Eli Tenks

Signature: EL Tenks

Date: 3 13 12025

Title: Water Operator

Phone #: (541) 825-3296

Operator Certification #: 296386

OR

Small Groundwater System ☐