

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

System Name Days Creek PWS ID# 4192101
 Month/Year 3/25 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 | / | Spring | | | |
| 2 | / | | | | No School |
| 3 | 0730 | | | 2.70 | |
| 4 | 0745 | | | 2.58 | |
| 5 | 0800 | | | 2.65 | |
| 6 | 0745 | | | 2.58 | |
| 7 | 315 | | | 2.47 | |
| 8 | / | | | | |
| 9 | / | | | | No School |
| 10 | 0830 | | | 2.51 | |
| 11 | 0800 | | | 2.47 | |
| 12 | 0800 | | | 2.18 | |
| 13 | 0745 | | | 2.29 | |
| 14 | / | | | | |
| 15 | / | | | | No School |
| 16 | / | | | | |
| 17 | 1000 | | | 2.16 | |
| 18 | 0830 | | | 2.23 | |
| 19 | 0730 | | | 2.18 | |
| 20 | 0800 | | | 2.31 | |
| 21 | 0730 | | | 2.02 | |
| 22 | / | | | | |
| 23 | / | | | | No School |
| 24 | 0735 | | | 1.31 | |
| 25 | 0730 | | | 3.19 | |
| 26 | 0730 | | | 3.18 | |
| 27 | 0730 | | | 3.17 | |
| 28 | / | | | | |
| 29 | / | | | | No School |
| 30 | / | | | | |
| 31 | 1800 | | | 2.80 | |

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>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p> | <p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p> |
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Printed Name: Eli Tenks Title: Water Operator Operator Certification #: 296386
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 Date: 3/31/2025 Small Groundwater System