

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

System Name Days Creek  
Month/Year 3 / 25 Entry Point:

PWS ID# 4192101  
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	0800		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.

**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: Eli Tenks

Date: 3 / 31 / 2025

Title: Water Operator

Phone #: (541) 825-3296

Operator Certification #: 296386

OR

Small Groundwater System ☐