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

System Name Days Creek PWS ID# 41 92101						
Month/		125 Entry Poir				
Date	Time	Source(s) in	use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1		'Spiring	-			
2		3/0/3/				
3			·		No 5	chost
4			-		/	
5	1900			2,65		
6	0930			277		
7	0145			- 67 -		
8	09.5	$\overline{}$		2169		·
9	6745		/	7.60	<u></u>	
10		· · · · · · · · · · · · · · · · · · ·	\	2.80		
11	month				M. C.	400
	10000				10 /0	
12	0805	·		2,58		
13	1320	/	/ 	2.09		
14	1300			3.04		
15	0845			7.185		
16	0705			1.64		
17			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 0	· ,
18					10) the
19	5745	-		1.72	 	
20	0800		\ -	2.27		· · · · · · · · · · · · · · · · · · ·
21	0000			21 1		
22	00.30		/	2.109	 	
23	0745		/	7:16		
24	0/47		-,-	Li ((<u> </u>	
25	 				1,0	7 /
26					V D	JCHUOI
	0/0/1/6					
27	0845		\	2.75		
28	0930		.)	2,24		
29	0740		<u>/</u>	2,74		
30	0715.			2,96		
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? Nours - 16 > 4 hours, Drinking Water Program to be notified by end of next business day.						
GWS Serving 3,300 or Fewer. GWS Serving More-Than 3,300						
•		tor every four hours				
until tr	ne residual <u>re</u> f	turned to mg/L Yes \sum No	Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed:			
·			if yes, were grab samples collected every four hours until the / /			
		and submit them with				Date it was returned to
this form.			required? Yes No service:			service:
			Attach grab sample results and submit them with		with this form.	
Printed	Name: El	Tenes	Title: Water Oferator		Operator Certification #: 29(386	
Signature: Phone #: (541) \$25-3246 OR						
1. (.7 and						
Date: 6 / 3 / 2023 Small Groundwater System						