

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

System Name Days Creek PWS ID# 41-92101  
 Month/Year 6 125 Entry Point: A 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	/	No School
2	0815		2.80	
3	0800		2.55	
4	0745		2.49	
5	0745		2.60	
6	/			
7	/			
8	/			No School
9	3:10		1.68	
10	1:20		2.21	
11	07:35		2.18	
12	0705		2.21	
13	0735		2.10	
14	/			No School
15	/			
16	0700		1.58	
17	500		2.29	
18	0630		1.94	
19	/			no School
20	0810		1.93	
21	/			
22	/			No School
23	1530		1.55	
24	1330		1.22	
25	0730		2.62	
26	1930		1.98	
27	2000		1.51	
28	/			
29	/			No School
30	1800		1.50	
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 Jenks

Signature: Eli Jenks

Date: 7/3/2025

Title: Water Operator

Phone #: (541) 825-3296

Operator Certification #: 296386

OR

Small Groundwater System ☐

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694;