

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

System Name Days Creek PWS ID# 4192101
 Month/Year 9 125 Entry Point: A Required Minimum Residual 4.0 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>		<u>No School</u>
2	<u>06:30</u>		<u>2.52</u>	
3	<u>0638</u>		<u>2.39</u>	
4	<u>0815</u>		<u>1.79</u>	
5	<u>0731</u>		<u>2.17</u>	<u>ML + churley</u>
6				<u>No School</u>
7	<u>0730</u>		<u>1.84</u>	
8	<u>0745</u>		<u>2.84</u>	
9	<u>0800</u>		<u>2.45</u>	
10	<u>0845</u>		<u>2.34</u>	
11	<u>0800</u>		<u>2.31</u>	
12	<u>0730</u>		<u>2.92</u>	
13				<u>No School</u>
14				
15	<u>0745</u>		<u>2.15</u>	<u>Sunday/treated</u>
16	<u>0730</u>		<u>2.36</u>	
17	<u>0730</u>		<u>2.64</u>	
18	<u>0800</u>		<u>2.29</u>	
19	<u>0815</u>		<u>2.01</u>	
20				<u>No School</u>
21	<u>0730</u>		<u>2.34</u>	<u>Sunday/treated</u>
22	<u>0730</u>		<u>2.44</u>	
23	<u>0730</u>		<u>2.40</u>	
24	<u>0745</u>		<u>2.03</u>	
25	<u>0730</u>		<u>2.05</u>	
26				
27				
28				
29	<u>07:30</u>		<u>3.67</u>	
30	<u>0745</u>		<u>2.86</u>	
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: Matt G. Hill

Title: Water Operator

Operator Certification #: 09299

Signature: [Signature]

Phone #: (541) 825-

OR

Date: 10 15 125

Small Groundwater System ☐