

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

System Name Days Creek PWS ID# 4192101
Month/Year 10/25 Entry Point: A Required Minimum Residual 1.0 - 4.0 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0833	Spring	2.34	
2	0800		1.78	
3	0810		1.89	
4	0830		1.22	No School
5				
6	0730		2.28	
7	0740		2.03	
8	0740		2.32	
9	0742		2.59	
10	0745		2.79	
11				No School
12				
13	0745		2.44	
14	0740		2.82	
15	0750		2.61	
16	0740		2.52	
17	0730		2.66	No School
18			2.59	
19				
20	0745		2.39	
21	0730		2.30	
22	0720		2.24	
23	0740		2.17	No School
24	0745		2.28	
25				
26				
27	0745		2.63	
28	0750		2.40	
29	0755		2.30	
30	0730		2.18	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: Walt Liles Title: Water Operator Operator Certification # T2-09299
 Signature: [Signature] Phone #: (541) 825-3296 OR
 Date: 11/15/25 Small Groundwater System ☐