

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

System Name Days Creek PWS ID# 4192101
Month/Year 11/2025 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 | | <u>Spring</u> | | |
| 2 | | | | <u>No School</u> |
| 3 | <u>0800</u> | | <u>2.10</u> | |
| 4 | <u>0800</u> | | <u>1.98</u> | |
| 5 | <u>0800</u> | | <u>2.17</u> | |
| 6 | <u>0750</u> | | <u>1.99</u> | |
| 7 | <u>0730</u> | | <u>2.51</u> | |
| 8 | | | | |
| 9 | | | | <u>No School</u> |
| 10 | <u>0730</u> | | <u>2.35</u> | |
| 11 | | | | <u>No School</u> |
| 12 | <u>0745</u> | | <u>2.23</u> | |
| 13 | <u>0745</u> | | <u>1.99</u> | |
| 14 | <u>0705</u> | | <u>2.47</u> | |
| 15 | | | | |
| 16 | | | | <u>No School</u> |
| 17 | <u>0740</u> | | <u>2.34</u> | |
| 18 | <u>0750</u> | | <u>2.33</u> | |
| 19 | <u>0800</u> | | <u>2.50</u> | |
| 20 | <u>0755</u> | | <u>2.49</u> | |
| 21 | <u>0830</u> | | <u>2.34</u> | |
| 22 | | | | |
| 23 | <u>0730</u> | | | <u>No School</u> |
| 24 | <u>0735</u> | | <u>2.52</u> | |
| 25 | <u>0745</u> | | <u>2.59</u> | |
| 26 | | | | |
| 27 | | | | <u>No School</u> |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| 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: _____ / _____ / _____ |
|---|---|--|

Printed Name: Charlie Sawyer Title: Water operator Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 825-3296 OR
 Date: 12/5/2025 Small Groundwater System ☒