

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				
2				
3	0600		2.10	
4	0800		1.98	
5	0800		2.17	
6	0750		1.99	
7	0730		2.51	
8				
9				
10	07430		2.35	No School
11				
12	0745		2.23	No School
13	0745		1.99	
14	0745		2.47	
15				
16				No School
17	0740		2.34	
18	0750		2.33	
19	0800		2.50	
20	0755		2.49	
21	0830		2.34	
22				
23	0735			No School
24	0735		2.52	
25	0745		2.59	
26				
27				
28				
29				
30				
31				No School
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		GWS Serving More Than 3,300		
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		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.		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		Date it was returned to service: / /
		Attach grab sample results and submit them with this form.		
Printed Name: <u>Charlotte Sawyer</u>		Title: Water operator		Operator Certification #:
Signature: <u>Charlotte Sawyer</u>		Phone #: (541) 815-3296		OR
Date: 12/15/2025		Small Groundwater System <input checked="" type="checkbox"/>		

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694;