

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

System Name Days Creek

PWS ID# 4142101

Month/Year 12/25 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	0745	Spring	2.31		
2	0750		2.27		
3	0725		2.24		
4	0740		2.42		
5	0710		2.21		
6	/				
7	/				No School
8	0750			2.45	
9	0745			1.99	
10	0730			2.28	
11	0745			2.27	
12	0800			2.31	
13	0730			<del>2.23</del>	
14	0745			<del>2.40</del>	No School
15	0730			2.23	
16	0815			2.40	
17	0845			2.61	
18	1015			2.68	
19	0800			2.56	
20	/			<del>2.63</del>	No
21	/				School
22	0700			2.63	
23	0730			2.67	
24	0745			2.55	
25	/				No
26	/				School
27	/				
28	/				
29	0700			2.42	
30	0715			2.58	
31	0710			2.19	

0745  
0800  
~~0730~~

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.

<p><b>GWS Serving 3,300 or Fewer.</b></p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any-time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Matt Giles

Title: Water Operator

Operator Certification #: 97-09299

Signature: [Signature]

Phone #: (571) 825-3296

OR

Date: 1/15/26

Small Groundwater System