

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

System Name Days Creek
Month/Year 2/26 Entry Point: A

PWS ID# 4192101 1.0-4.0
Required Minimum Residual 1.0 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes	
1	0745	Spring		No School	
2	0845		2.62		
3	0745		2.48		
4	0730		2.54		
5	0755		2.16		
6	0715		2.64		
7					
8					No School
9	0745		2.61		
10	0830		2.67		
11	0745		2.66		
12	0815		2.35		
13	0725		2.37		
14					
15					No School
16					School
17	0750		2.41		
18	0800		2.28		
19	0750		2.43		
20	0725		2.44		
21			2.29		No School
22					School
23	0745		2.21		
24	0900		2.42		
25	0750		2.05		
26	0730		2.07		
27	0715		2.22		
28					No School
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? 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 Wilks Title: Water Operator
Signature: [Signature] Phone #: (541) 825-3296
Date: 2/13/26

Operator Certification #: T2-09299
OR
Small Groundwater System