

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

System Name: Days Creek  
Month/Year: 3/26 Entry Point: A

PWS ID# 4142101 10-4.0  
Required Minimum Residual:  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes	
1		Spring			
2	0815		2.27		
3	0750		2.15		
4	0745		2.00		
5	0740		2.19		
6	0715		2.15		
7					
8					No School
9	0730		2.20		
10	0750		2.40		
11	0745		2.51		
12	0730		2.58		
13	0715		2.16		
14	1030		2.15		
15					
16	0730		2.34		
17	0735		2.47		
18	0740		2.38		
19	0800		2.10		
20	0715		2.32		
21					
22					No School
23	0705		2.27		
24	0710		2.25		
25	0720		2.06		
26	0715		2.30		
27					
28					No school
29					
30	0745		2.25		
31	0755		2.42		

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: Nate Giles Title: Water Operator Operator Certification #: T2-09299  
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Date: 4/6/26 Small Groundwater System