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

System Name	RAINEYS CORNER PWs ID# 41 94386				
Month/Year	1 121	WTP-A	Rea'd M	iin Residual	mg/L 0.4
	1 /2/				
B	age 1		Lowest free chlorine		Nation and the state of the sta
Date	Time	Source(s) in use	residual at entry point to	280	Notes
	_	7. 16 77	distribution system (mg/L	<del>/</del>	and the state of t
1	7:30 AM	ultititysink	40		
2	8:00Am		·40		
. 3	1:15 pm		40		The state of the s
4	7:05AM		. 40		
5	1:00 AM		. 40		
6	7:10AM		- 40		
7	9:15AM		. 40		
8	7:00 AM		40		
9	8:45Am		. 40		
10	7:15 AM		. 41		
11	7:20 AW		40		
12	18145Am		- 40		200
13	9:00 AW		. 40		
14	8:30 Am		. 40		
15	9:15Am	à	40	10	
16	10:30AM	1	.41	•	and the second s
17	12:20 PM		.40	·	a annie a service a servic
18	7:05Am		- 40		A SASSER IN
19	11:30AM		.40		ramer la
20	12:15 PM		ur. 40		The state of the s
21	8:30 AM	*	40		and the state of t
22	7:00AM		.40		and desired
23	8:15 AM		.41		
24	7:20AM		.40		
-25	6:30AM		. 40		
26	9:05AM		40		
27	9:15AM	·	40		
28	8:00AM		.40		
29	9:15HM		.40		
30	10:00AM		.40		
31	0:20Am		. 40	10-3-3	
Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L? Yes					
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.					
01010 Carriage 2 200 as					
GWS Serving 3,300 or GWS Serving More Than 3,300					,300
If yes, did you monitor every four Did continuous monitoring equipment fail at any time this reporting Date continuous monitoring equipment					
hours until the	residual returned	month? Yes No failed:			
to mg/L as required?		If yes, were grab samples collected every four hours until the			
Yes No		continuous monitoring equipment was returned to service as Date it was returned to service:			
Attach those results and submit		required? Yes No			
them with this f		Attach grab sample results and submit them with this form.			
anom wan und n	visti.			TAXABLE TEMPORAL AND AND TAXABLE PARTY.	LOCALIST OF THE SECOND STATE OF THE SECOND STA
Printed Name: Chy Tal Rainey Title: See Operator Certification #:					
Signature:	- o water		15-1826		Oil
gistral-virte	D. C.		(541) 5421		mall Croundwater Custom
Date Signed: 21 9121 Small Groundwater System					