

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

System Name **RAINEYS CORNER** PWS ID# **41 94386**
 Month/Year **1 / 21** WTP-A Req'd Min Residual mg/L **0.4**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:30 AM	ultacity sink	40	
2	8:00 AM		40	
3	1:15 PM		40	
4	7:05 AM		40	
5	7:00 AM		40	
6	7:10 AM		40	
7	9:15 AM		40	
8	7:00 AM		40	
9	8:45 AM		40	
10	7:15 AM		41	
11	7:20 AM		40	
12	8:45 AM		40	
13	9:00 AM		40	
14	8:30 AM		40	
15	9:15 AM		40	
16	10:30 AM		41	
17	12:20 PM		40	
18	7:05 AM		40	
19	11:30 AM		40	
20	12:15 PM		40	
21	8:30 AM		40	
22	7:00 AM		40	
23	8:15 AM		41	
24	7:20 AM		40	
25	6:30 AM		40	
26	9:05 AM		40	
27	9:15 AM		40	
28	8:00 AM		40	
29	9:15 AM		40	
30	10:00 AM		40	
31	10:20 AM		40	

Was the chlorine residual ever less than the required minimum residual of 0.4 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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</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: Christal Rainey Title: SCE Operator Certification #: _____
 Signature: Christal Rainey Phone #: 826 (541) 5421 OR
 Date Signed: 2/9/21 Small Groundwater System