

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**
 Month/Year **2/21** **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	7:10 AM	multifunction sink	40	
2	7:00 AM		42	
3	8:30 AM		40	
4	7:30 AM		40	
5	9:00 AM		40	
6	8:45 AM		40	
7	8:00 AM		41	
8	9:10 AM		40	
9	7:30 AM		40	
10	6:50 AM		40	
11	6:45 AM		40	
12	7:15 AM		40	
13	7:30 AM		40	
14	7:00 AM		41	
15	7:20 AM		40	
16	7:40 AM		40	
17	7:30 AM		40	
18	7:15 AM		40	
19	6:30 AM		43	
20	7:15 AM		40	
21	7:30 AM		40	
22	8:15 AM		41	
23	7:30 AM		41	
24	7:15 AM		40	
25	1:00 PM		40	
26	8:30 AM		40	
27	9:15 AM		40	
28	11:30 AM		40	
29				
30				
31				

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"/> Yes <input checked="" type="checkbox"/> No</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>
---	--	---

Printed Name: Cheryl Ray Title: Sec Operator Certification #: _____
 Signature: [Signature] Phone #: 826 (501) 5471 OR