

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**
 Month/Year **4/21** 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	8:45 AM	utility sink	.41	
2	7:15 AM		.40	
3	8:10 AM		.40	
4	8:00 AM		.41	
5	8:15 AM		.40	
6	7:30 AM		.40	
7	8:15 AM		.40	
8	8:30 AM		.40	
9	7:45 AM		.42	
10	7:35 AM		.40	
11	8:30 AM		.40	
12	7:40 AM		.40	
13	8:45 AM		.40	
14	7:30 AM		.40	
15	9:15 AM		.40	
16	9:30 AM		.40	
17	8:15 AM		.41	
18	7:30 AM		.40	
19	9:45 AM		.40	
20	8:00 AM		.40	
21	7:15 AM		.40	
22	7:45 AM		.40	
23	9:30 AM		.40	
24	10:00 AM		.40	
25	9:45 AM		.41	
26	9:20 AM		.40	
27	8:45 AM		.40	
28	8:30 AM		.40	
29	9:05 AM		.40	
30	8:00 AM		.40	
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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 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>
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Printed Name: Christina Rain Title: Sec Operator Certification #: _____
 Signature: [Signature] Phone #: 541 826 5421 OR