

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**  
 Month/Year **8 / 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    | 8:05 AM  | multicity sink   | 40   |       |
| 2    | 8:10 AM  |                  | 40   |       |
| 3    | 7:30 AM  |                  | 40   |       |
| 4    | 7:05 AM  |                  | 41   |       |
| 5    | 8:15 AM  |                  | 41   |       |
| 6    | 7:40 AM  |                  | 40   |       |
| 7    | 8:35 AM  |                  | 40   |       |
| 8    | 8:30 AM  |                  | 40   |       |
| 9    | 7:40 AM  |                  | 40   |       |
| 10   | 7:40 AM  |                  | 40   |       |
| 11   | 8:00 AM  |                  | 40   |       |
| 12   | 9:05 AM  |                  | 40   |       |
| 13   | 8:40 AM  |                  | 40   |       |
| 14   | 7:30 AM  |                  | 41   |       |
| 15   | 7:00 AM  |                  | 41   |       |
| 16   | 8:00 AM  |                  | 40   |       |
| 17   | 9:20 AM  |                  | 40   |       |
| 18   | 8:30 AM  |                  | 40   |       |
| 19   | 7:10 AM  |                  | 40   |       |
| 20   | 8:15 AM  |                  | 40   |       |
| 21   | 9:15 AM  |                  | 40   |       |
| 22   | 8:40 AM  |                  | 40   |       |
| 23   | 9:30 AM  |                  | 40   |       |
| 24   | 8:45 AM  |                  | 40   |       |
| 25   | 10:30 AM |                  | 40   |       |
| 26   | 8:40 AM  |                  | 40   |       |
| 27   | 7:30 AM  |                  | 41   |       |
| 28   | 7:15 AM  |                  | 41   |       |
| 29   | 8:10 AM  |                  | 40   |       |
| 30   | 8:00 AM  |                  | 40   |       |
| 31   | 8:50 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><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"/><br/>                 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<br/>                 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: _____ / _____ / _____<br/>                 Date it was returned to service: _____ / _____ / _____</p> |
|---|--|---|

Printed Name: Christa Rainey Title: Sec Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 826 1541 1 2421 OR