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

System Name RAINEYS CORNER PWS ID# 41 94386
Month/Year 9 /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	7.00AM	utility sink	.40	
2	8.05AM		.41	
3	10:30AM		.41	
4	8:45AM		.40	
5	8:30AM		.40	
6	12:15PM		.41	
7	1:00PM		.40	
8	8:00AM		.40	
9	8:10AM		.40	
10	7:45AM		.40	
11	7:10AM		.40	
12	6:50AM		.40	
13	7:00A.M		.41	
14	7:30AM		.40	
15	7:15AM		.40	
16	8:45AM		.41	
17	6:50AM		.41	
18	7:40AM		.40	
19	7:00AM		.40	
20	6:55AM		.40	
21	7:00AM		.40	
22	7:20AM		.40	
23	7:30AM		.40	
24	7:45AM		.41	
25	6:15AM		.41	
26	6:30AM		.40	
27	7:20AM		.40	
28	7:55AM		.40	
29	8:30AM		.40	
30	9:10AM		.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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /
Date it was returned to service: / /

Printed Name: Christel Rainey Title: Owner
Signature: Christel Rainey Phone #: 826 541 1421
Operator Certification #: OR