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

| System Name | RAINEYS CORNER | | PWS ID# 41 94386 | |
|---|---|---|---|---|
| Month/Year | 10/21 | 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 | 6:30 AM | ultitlitysink | .40 | |
| 2 | 8:15 AM | | .40 | |
| 3 | 7:45 AM | | .40 | |
| 4 | 9:15 AM | | .40 | |
| 5 | 7:00 AM | | .41 | |
| 6 | 7:15 AM | | .41 | |
| 7 | 6:30 AM | | .40 | |
| 8 | 7:20 AM | | .40 | |
| 9 | 8:30 AM | | .41 | |
| 10 | 7:45 AM | | .40 | |
| 11 | 7:30 AM | | .40 | |
| 12 | 7:30 AM | | .40 | |
| 13 | 8:20 AM | | .40 | |
| 14 | 9:10 AM | | .40 | |
| 15 | 7:30 AM | | .41 | |
| 16 | 7:15 AM | | .41 | |
| 17 | 6:30 AM | | .40 | |
| 18 | 7:10 AM | | .40 | |
| 19 | 7:00 AM | | .40 | |
| 20 | 11:00 AM | | .40 | |
| 21 | 10:35 AM | | .40 | |
| 22 | 8:00 AM | | .40 | |
| 23 | 7:15 AM | | .40 | |
| 24 | 7:30 AM | | .40 | |
| 25 | 8:35 AM | | .40 | |
| 26 | 8:30 AM | | .40 | |
| 27 | 8:15 AM | | .40 | |
| 28 | 8:50 AM | | .40 | |
| 29 | 7:15 AM | | .41 | |
| 30 | 7:30 AM | | .40 | |
| 31 | 8:05 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.

| GWS Serving 3,300 or Fewer | GWS Serving More Than 3,300 | |
|---|---|---|
| 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. | 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: Chrystal Rainey | Title: Sec | Operator Certification #: |
|---|---|---|
| Signature: _____ | Phone #: 826 15111 5421 | OR |