

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

System Name **RAINEYS CORNER** PWS ID# **41 94386**  
 Month/Year **11 / 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	8:30AM	utility sink	.40	
2	8:10AM		.40	
3	7:30AM		.40	
4	1:00 PM		.40	
5	7:15AM		.40	
6	8:30AM		.40	
7	7:00 AM		.40	
8	7:00 AM		.40	
9	7:10AM		.40	
10	7:35AM		.40	
11	6:35AM		.40	
12	7:10AM		.40	
13	7:00AM		.40	
14	6:50AM		.40	
15	7:20 AM		.40	
16	8:25AM		.40	
17	8:00 AM		.40	
18	9:05 AM		.40	
19	8:00 AM		.40	
20	9:30 AM		.40	
21	9:15 AM		.40	
22	7:15 AM		.40	
23	8:30 AM		.40	
24	9:15 AM		.40	
25	7:30 AM		.40	
26	8:00 AM		.40	
27	8:45 AM		.40	
28	7:45 AM		.40	
29	9:00 AM		.40	
30	8:30 AM		.40	
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><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"/> 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</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: Christal Rainey Title: Sec Operator Certification #: \_\_\_\_\_  
 Signature: Christal Rainey Phone #: 926 1541 1407 OR