

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**  
 Month/Year **2 122** 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	7:30 AM	utility sink	40	
2	7:45 AM		40	
3	7:45 AM		40	
4	8:15 AM		40	
5	7:30 AM		40	
6	8:35 AM		40	
7	8:15 AM		40	
8	7:20 AM		40	
9	7:15 AM		40	
10	7:45 AM		40	
11	6:30 AM		40	
12	7:15 AM		40	
13	6:45 AM		40	
14	6:40 AM		41	
15	7:00 AM		41	
16	9:35 AM		41	
17	6:35 AM		40	
18	7:40 AM		40	
19	7:00 AM		40	
20	6:15 AM		41	
21	6:45 AM		40	
22	7:35 AM		40	
23	7:00 AM		40	
24	7:15 AM		40	
25	7:00 AM		41	
26	8:05 AM		41	
27	8:30 AM		41	
28	7:30 AM		40	
29				
30				
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>

Printed Name: Christal Rainey Title: sec Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: 826 1541 15421 OR