

Christal Rainey Secretary

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**
Month/Year **6 122** 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	6:40AM	ultitricusink	.41	
2	7:00AM		.41	
3	9:10AM		.40	
4	9:00AM		.40	
5	8:45AM		.40	
6	8:50AM		.40	
7	6:30AM		.41	
8	6:45AM		.41	
9	6:15AM		.40	
10	7:15AM		.40	
11	6:30AM		.40	
12	6:20AM		.40	
13	6:50AM		.40	
14	6:30AM		.40	
15	6:15AM		.40	
16	6:45AM		.40	
17	6:30AM		.40	
18	6:50AM		.40	
19	7:10AM		.40	
20	7:20AM		.40	
21	6:30AM		.40	
22	7:25AM		.40	
23	6:15AM		.40	
24	6:30AM		.40	
25	7:15AM		.40	
26	6:30AM		.40	
27	6:15AM		.40	
28	7:20AM		.40	
29	6:30AM		.40	
30	8:35AM		.41	
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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>