

Christal Rainey Secretary Christal Rainey 5918265421

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**
 Month/Year **7/22** 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	7:15AM	ultitritusink	40	
2	7:30AM		40	
3	6:40AM		40	
4	6:30AM		40	
5	6:40AM		40	
6	6:00AM		40	
7	6:15AM		40	
8	7:30AM		40	
9	6:40AM		40	
10	6:15AM		41	
11	6:50AM		41	
12	6:45AM		40	
13	7:15AM		40	
14	7:10AM		40	
15	10:30AM		40	
16	8:45AM		40	
17	7:30AM		40	
18	8:15AM		40	
19	1:05PM		40	
20	7:40AM		40	
21	7:30AM		40	
22	6:30AM		41	
23	6:15AM		41	
24	7:05AM		40	
25	6:40AM		40	
26	6:15AM		40	
27	6:30AM		40	
28	6:20AM		40	
29	7:20AM		40	
30	6:45AM		40	
31	6:50AM		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
 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: _____ / _____ / _____