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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 **8 / 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	6:55AM	utcitusink	.40	
2	7:10AM		.40	
3	6:45AM		40	
4	6:30AM		40	
5	7:45AM		40	
6	6:35AM		40	
7	7:20AM		40	
8	7:45AM		40	
9	6:30AM		41	
10	7:05AM		41	
11	6:45AM		.40	
12	7:20AM		40	
13	6:45AM		.40	
14	6:30AM		.40	
15	8:35AM		41	
16	7:15AM		40	
17	6:35AM		40	
18	6:20AM		40	
19	6:40AM		41	
20	7:15AM		40	
21	7:35AM		40	
22	6:40AM		40	
23	10:20AM		40	
24	7:15AM		.40	
25	6:30AM		.40	
26	6:20AM		40	
27	7:10AM		40	
28	7:10AM		40	
29	6:40AM		.40	
30	10:20AM		.40	
31	10:00AM		.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: / /