

Christel Rainey Christel Ray Sec 5011 8265421

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

System Name		RAINEYS CORNER		PWS ID# 41 94386	
Month/Year		1/23 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	8:35AM	utility sink	40		
2	8:45AM		40		
3	6:30AM		40		
4	7:15AM		40		
5	9:05AM		40		
6	8:35AM		40		
7	7:05AM		40		
8	6:45AM		40		
9	6:50AM		40		
10	7:15AM		40		
11	9:40AM		40		
12	6:30AM		40		
13	6:35AM		40		
14	7:15AM		40		
15	6:40AM		40		
16	6:15AM		40		
17	7:35AM		40		
18	6:50AM		40		
19	7:10AM		40		
20	6:55AM		40		
21	6:30AM		40		
22	7:25AM		40		
23	7:35AM		40		
24	6:30AM		40		
25	6:55AM		40		
26	7:00AM		40		
27	7:45AM		40		
28	6:50AM		40		
29	9:30AM		40		
30	7:00AM		40		
31	8:25AM		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.

<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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