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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 **3 / 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	6:35AM	ultitricity sink	40	
2	7:25AM		40	
3	6:30AM		40	
4	7:15AM		40	
5	10:30AM		40	
6	6:05AM		40	
7	6:45AM		40	
8	6:15AM		40	
9	7:00AM		40	
10	6:30AM		41	
11	8:05AM		40	
12	10:30AM		40	
13	9:35AM		40	
14	7:10AM		40	
15	6:50AM		40	
16	7:45AM		40	
17	6:30AM		40	
18	6:15AM		40	
19	7:05AM		40	
20	6:45AM		40	
21	10:55AM		40	
22	7:35AM		40	
23	6:45AM		40	
24	7:05AM		40	
25	8:20AM		40	
26	6:20AM		40	
27	8:15AM		40	
28	7:20AM		42	
29	7:35AM		42	
30	6:30AM		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.

<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"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach these results and submit</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>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	