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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 **4 123** 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	7:50AM	utility sink	.42	
2	6:40AM		.42	
3	7:35AM		.42	
4	7:00AM		.40	
5	6:40AM		.40	
6	6:50AM		.40	
7	7:00AM		.40	
8	7:25AM		.40	
9	6:50AM		.40	
10	6:35AM		.40	
11	7:05AM		.40	
12	6:30AM		.40	
13	7:20AM		.40	
14	6:50AM		.40	
15	6:30AM		.40	
16	7:05AM		.40	
17	6:25AM		.40	
18	7:40AM		.40	
19	6:50AM		.40	
20	7:10AM		.40	
21	6:40AM		.40	
22	6:50AM		.40	
23	7:35AM		.40	
24	8:20AM		.40	
25	6:45AM		.40	
26	7:05AM		.40	
27	6:30AM		.42	
28	7:10AM		.40	
29	6:50AM		.40	
30	6:10AM		.40	
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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 these results and submit

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

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /