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See *Christal Rainey*

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

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