

Charter Rainey See 541 ~~000~~ 8265421

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

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

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: / /