Christal Rainey Sec 541 826 5421

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

System Name	RAINEYS CORNER	PWS ID# 41 94386		
Month/Year	1 /24	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	9:30Am	ultcitusink	.40	
2	7:25Am		.40	
3	7:15Am		.40	
4	6:40Am		.40	
5	7:20Am		.40	
6	7:50Am		.40	
7	6:00Am		.40	
8	6:45Am		.40	
9	6:15Am		.40	
10	6:55Am		.40	
11	6:45Am		.40	
12	7:40Am		.40	
13	6:20Am		40	
14	11:15Am		.40	
15	6:30Am		.40	
16	7:10Am		.40	
17	7:30Am		42	
18	7:50Am		42	
19	6:45Am		40	
20	7:20Am		40	
21	8:05Am		.40	
22	7:55Am		.40	
23	6:05Am		40	
24	7:20Am		40	
25	7:25Am		40	
26	7:00Am		40	
27	7:40Am		40	
28	7:10Am		40	
29	7:15Am		40	
30	6:35Am		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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300		
If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form.	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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /	