

Christal Rainey Sec 5418265421 *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		6/24		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	7:00AM	ult@citysink	.40		
2	6:50AM		.40		
3	6:20AM		.40		
4	6:30AM		.40		
5	6:45AM		.40		
6	6:10AM		.40		
7	7:10AM		.40		
8	6:40AM		.40		
9	7:00AM		.40		
10	6:30AM		.40		
11	6:25AM		.42		
12	7:10AM		.40		
13	6:20AM		.40		
14	6:40AM		.40		
15	7:05AM		.40		
16	6:15AM		.40		
17	6:25AM		.40		
18	6:20AM		.40		
19	6:30AM		.40		
20	6:10AM		.40		
21	6:40AM		.40		
22	7:20AM		.40		
23	8:30AM		.40		
24	6:15AM		.41		
25	7:30AM		.41		
26	6:55AM		.40		
27	7:25AM		.40		
28	6:30AM		.40		
29	6:40AM		.40		
30	6:35AM		.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.

<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</p> <p>Attach those results and submit them with this form.</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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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