

Christal Rainey See 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 **7/24** 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 | 6:50 AM | ult & city sink | 40 | |
| 2 | 7:00 AM | | 40 | |
| 3 | 6:40 AM | | 40 | |
| 4 | 7:10 AM | | 40 | |
| 5 | 7:15 AM | | 40 | |
| 6 | 7:15 AM | | 40 | |
| 7 | 6:30 AM | | 40 | |
| 8 | 7:00 AM | | 40 | |
| 9 | 6:45 AM | | 40 | |
| 10 | 7:20 AM | | 41 | |
| 11 | 7:00 AM | | 41 | |
| 12 | 6:50 AM | | 40 | |
| 13 | 6:35 AM | | 41 | |
| 14 | 7:00 AM | | 41 | |
| 15 | 7:10 AM | | 40 | |
| 16 | 7:35 AM | | 40 | |
| 17 | 6:15 AM | | 40 | |
| 18 | 6:40 AM | | 40 | |
| 19 | 7:30 AM | | 40 | |
| 20 | 6:45 AM | | 40 | |
| 21 | 7:15 AM | | 40 | |
| 22 | 6:55 AM | | 40 | |
| 23 | 6:15 AM | | 40 | |
| 24 | 7:05 AM | | 40 | |
| 25 | 7:35 AM | | 40 | |
| 26 | 7:30 AM | | 40 | |
| 27 | 7:40 AM | | 40 | |
| 28 | 11:10 AM | | 40 | |
| 29 | 7:30 AM | | 41 | |
| 30 | 6:10 AM | | 40 | |
| 31 | 9:10 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.

| | | |
|---|--|---|
| <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"/> 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 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: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____</p> |
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