

Christel Rainey See 5418265421 9/1/24

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

System Name		RAINEYS CORNER		PWS ID# 41	94386
Month/Year		8/24		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	7:30 AM	ult @ city sink	40		
2	9:10 AM		40		
3	7:35 AM		40		
4	7:05 AM		40		
5	6:25 AM		40		
6	6:55 AM		40		
7	6:15 AM		40		
8	6:20 AM		40		
9	6:40 AM		40		
10	7:50 AM		40		
11	7:15 AM		40		
12	6:15 AM		40		
13	7:35 AM		40		
14	7:05 AM		40		
15	7:15 AM		40		
16	6:40 AM		40		
17	6:50 AM		40		
18	7:05 AM		40		
19	7:10 AM		41		
20	6:45 AM		41		
21	8:35 AM		40		
22	6:30 AM		40		
23	6:45 AM		40		
24	7:20 AM		40		
25	7:10 AM		40		
26	6:55 AM		40		
27	7:40 AM		40		
28	7:35 AM		40		
29	7:35 AM		40		
30	6:40 AM		40		
31	7:45 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 -       > 4 hours. Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <u>    </u> mg/L as required? <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></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>    /    /</p> <p>Date it was returned to service:</p> <p>    /    /</p>
--	--	---