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

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