

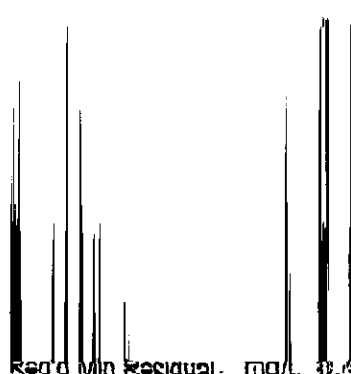
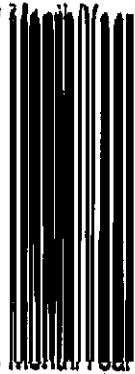
Christal Rainey See 541 826 5421

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

System Name

RAINEYS CORNER

PWS ID# 41 94386



Req'd Min Residual: mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:15 AM	utility sink	40	
2	6:10 AM		40	
3	7:20 AM		40	
4	6:40 AM		40	
5	8:15 AM		40	
6	6:35 AM		40	
7	7:45 AM		40	
8	7:20 AM		41	
9	7:30 AM		41	
10	6:50 AM		40	
11	7:40 AM		40	
12	8:35 AM		40	
13	6:40 AM		40	
14	7:20 AM		40	
15	6:50 AM		40	
16	6:20 AM		40	
17	6:50 AM		40	
18	8:25 AM		40	
19	6:45 AM		40	
20	6:30 AM		40	
21	7:20 AM		40	
22	7:50 AM		40	
23	6:10 AM		40	
24	6:30 AM		40	
25	7:40 AM		40	
26	7:10 AM		40	
27	6:35 AM		40	
28	6:50 AM		41	
29	6:30 AM		41	
30	7:05 AM		40	
31	7:00 AM		40	