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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 **1 / 25** 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	utility sink	.40	
2	8:35AM		.41	
3	7:35AM		.41	
4	6:50AM		.40	
5	8:00AM		.40	
6	9:05AM		.40	
7	6:15AM		.40	
8	7:30AM		.40	
9	6:25AM		.40	
10	6:40AM		.40	
11	7:00AM		.41	
12	7:20AM		.40	
13	6:25AM		.40	
14	6:50AM		.40	
15	6:10AM		.40	
18	6:30AM		.40	
17	7:20AM		.40	
18	6:45AM		.40	
19	6:10AM		.40	
20	7:00AM		.40	
21	6:15AM		.40	
22	6:35AM		.40	
23	7:00AM		.40	
24	6:40AM		.41	
25	6:50AM		.40	
26	6:35AM		.40	
27	6:45AM		.40	
28	9:00AM		.40	
29	6:25AM		.40	
30	6:40AM		.40	
31	6:50AM		.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"/></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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