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Secretary

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

System Name RAINEYS CORNER

PWS ID# 41 94386

Month/Year 3/25 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	6:40 AM	utility sink	.40	
2	6:20 AM		.40	
3	6:50 AM		.40	
4	9:30 AM		.40	
5	6:10 AM		.40	
6	7:30 AM		.41	
7	6:45 AM		.41	
8	6:15 AM		.40	
9	7:25 AM		.40	
10	6:25 AM		.40	
11	6:10 AM		.40	
12	6:30 AM		.40	
13	7:25 AM		.40	
14	7:15 AM		.40	
15	6:20 AM		.40	
16	6:40 AM		.40	
17	6:45 AM		.40	
18	6:25 AM		.40	
19	7:40 AM		.40	
20	6:30 AM		.41	
21	6:50 AM		.41	
22	7:10 AM		.40	
23	6:45 AM		.40	
24	7:00 AM		.40	
25	6:45 AM		.40	
26	7:10 AM		.40	
27	6:30 AM		.40	
28	7:15 AM		.40	
29	6:45 AM		.40	
30	8:10 AM		.40	
31	6:40 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?
by end of next business day.

hours - If > 4 hours, Drinking Water Program to be notified

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐
Yes ☐ No

Attach those results and submit them with this form

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form

Date continuous monitoring equipment failed:

Date it was returned to service: