

Chantal Rains Sec 541 826-5421

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

System Name RAINEYS CORNER

PWS ID# 41 94386

Month/Year 7 / 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	7:00 AM	utility sink	41	
2	6:45 AM		41	
3	7:00 AM		40	
4	6:15 AM		40	
5	6:40 AM		40	
6	6:35 AM		41	
7	6:25 AM		40	
8	6:50 AM		40	
9	6:45 AM		40	
10	7:05 AM		40	
11	6:45 AM		40	
12	7:35 AM		40	
13	6:55 AM		40	
14	6:40 AM		40	
15	6:30 AM		41	
16	6:15 AM		41	
17	6:50 AM		40	
18	6:30 AM		40	
19	6:40 AM		40	
20	7:15 AM		40	
21	7:00 AM		40	
22	6:40 AM		40	
23	6:10 AM		40	
24	8:00 AM		41	
25	6:20 AM		40	
26	6:40 AM		40	
27	6:30 AM		40	
28	6:50 AM		40	
29	6:45 AM		40	
30	6:25 AM		40	
31	6:35 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

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:

/ /