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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	8 / 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	41	
2	7:10 AM		41	
3	6:50 AM		40	
4	6:35 AM		40	
5	6:15 AM		40	
6	6:30 AM		41	
7	6:20 AM		40	
8	6:50 AM		40	
9	6:35 AM		40	
10	6:20 AM		40	
11	6:50 AM		41	
12	6:30 AM		40	
13	6:25 AM		40	
14	6:35 AM		40	
15	6:10 AM		41	
16	6:45 AM		41	
17	6:45 AM		40	
18	6:40 AM		40	
19	6:50 AM		40	
20	6:40 AM		40	
21	6:50 AM		40	
22	6:30 AM		40	
23	6:50 AM		40	
24	6:10 AM		40	
25	6:25 AM		40	
26	6:30 AM		40	
27	6:40 AM		40	
28	7:15 AM		40	
29	6:30 AM		40	
30	6:10 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? _____ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

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: _____