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

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

Date continuous monitoring equipment failed:

Date it was returned to service: