

Crystal Rainey Sec 541826 5421

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

System Name **RAINEYS CORNER** PWS ID# 41 **94386**
 Month/Year **11 / 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	7:15 AM	ultra city sink	41	
2	6:35 AM		40	
3	6:35 AM		40	
4	6:45 AM		40	
5	6:15 AM		40	
6	6:35 AM		40	
7	6:10 AM		40	
8	6:50 AM		40	
9	7:05 AM		40	
10	6:40 AM		40	
11	6:05 AM		40	
12	6:10 AM		40	
13	6:30 AM		40	
14	6:40 AM		40	
15	7:05 PM		40	
16	6:30 AM		41	
17	6:55 AM		40	
18	6:20 AM		40	
19	6:30 AM		40	
20	6:40 AM		40	
21	6:15 AM		41	
22	6:10 AM		40	
23	6:15 AM		40	
24	6:30 AM		40	
25	6:35 AM		40	
26	6:20 AM		40	
27	6:40 AM		40	
28	6:10 AM		40	
29	6:35 AM		40	
30	6:50 AM		40	
31				

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 <input type="checkbox"/></p> <p><i>Attach those results and submit</i></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>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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