

See Christal Rainey 54189265421

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

System Name		RAINEYS CORNER		PWSID# 41	94386
Month/Year		1/26		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	6:20 AM	ult. c. l. sink	.40		
2	6:30 AM		.40		
3	7:10 AM		.40		
4	6:10 AM		.40		
5	6:35 AM		.41		
6	6:40 AM		.40		
7	6:25 AM		.40		
8	6:50 AM		.40		
9	6:55 AM		.40		
10	6:40 AM		.40		
11	6:30 AM		.41		
12	6:15 AM		.40		
13	6:35 AM		.40		
14	6:35 AM		.40		
15	6:35 AM		.40		
16	6:45 AM		.40		
17	7:10 AM		.41		
18	6:15 AM		.40		
19	6:30 AM		.40		
20	6:35 AM		.40		
21	6:30 AM		.40		
22	6:40 AM		.40		
23	6:55 AM		.40		
24	7:15 AM		.41		
25	6:20 AM		.40		
26	6:15 AM		.40		
27	6:20 AM		.40		
28	6:25 AM		.40		
29	6:30 AM		.40		
30	6:55 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.

<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"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit</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>
---	--	---