

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

System Name **Ray's food place #71**

PWS ID# **41 94437**

Month/Year **Jun / 2021** Entry Point: **A**

Required Minimum Residual **.5 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:27	A	2.2	
2	7:21	A	2.0	
3	6:06	A	2.2	
4	6:26	A	1.6	
5	6:18	A	1.0	
6	6:27	A	1.0	
7	10:53	A	2.6	
8	7:13	A	2.6	
9	7:11	A	2.4	
10	6:25	A	2.8	
11	6:32	A	2.8	
12	6:39	A	2.6	
13	6:24	A	2.4	
14	6:33	A	2.6	
15	7:45	A	2.4	CF
16	7:24	A	2.8	CF
17	6:28	A	2.4	
18	6:26	A	2.4	
19	6:36	A	2.4	
20	11:15	A	2.8	
21	6:28	A	2.8	
22	7:55	A	2.9	CF
23	7:21	A	3.2	CF
24	6:16	A	3.2	
25	6:29	A	3.2	
26	6:23	A	3.0	
27	6:41	A	3.0	
28	6:35	A	2.6	
29	7:25	A	2.8	CF
30	7:19	A	2.7	CF
31	6:19	A	2.6	

Was the chlorine residual ever less than the required minimum residual of .5 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><i>Attach those results and submit them with this form.</i></p>	<p style="text-align: center;">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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: () _____	OR
Date: _____ / _____ / _____		Small Groundwater System <input type="checkbox"/>