

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 **Feb 12** 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	7:16	A	1.8 CF	
2	6:29	A	2.0	
3	6:32	A	1.6	
4	6:24	A	1.6	
5	6:28	A	1.6	
6	10:32	A	3.3 CF	
7	6:24	A	3.2	
8	7:26	A	2.0	
9	11:00	A	2.3	
10	6:27	A	3.0	
11	6:26	A	2.8	
12	6:27	A	3.0	
13	6:33	A	3.0	
14	6:27	A	3.0	
15	6:28	A	3.0	
16	6:20	A	2.8	
17	7:36	A	2.0	
18	6:40	A	1.2	
19	6:45	A	1.2 1.3	
20	6:30	A	2.2	
21	6:45	A	2.8	
22	6:30	A	3.0	
23	6:42	A	2.3	
24	6:51	A	1.8	
25	6:41	A	2.4	
26	6:33	A	2.4	
27	7:00	A	2.3	
28	9:05	A	1.9	
29				
30				
31				

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"/>