

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 **4 / 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	7:19	A	2.8	
2	12:30	A	3.0	
3	7:15	A	3.0	
4	7:14	A	3.1	
5	7:23	A	3.4	
6	7:25	A	3.3	
7	10:20	A	3.0	
8	7:19	A	2.8	
9	9:55	A	3.4	
10	7:34	A	3.1	
11	7:21	A	3.1	
12	7:25	A	3.2	
13	7:23	A	3.2	
14	7:18	A	3.0	
15	7:30	A	2.8	
16	7:53	A	2.6	
17	7:18	A	2.6	
18	8:58	A	2.0	
19	7:21	A	2.9	
20	7:20	A	3.0	
21	8:05	A	2.6	
22	7:16	A	2.4	
23	7:25	A	1.6	
24	7:13	A	1.2	
25	10:15	A	2.8	
26	7:45	A	3.0	
27	7:23	A	3.0	
28	7:35	A	3.0	
29	7:56	A	2.8	
30	1:44	A	3.0	
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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>Attach those results and submit them with this form.</p>	<p 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>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>

Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: () _____	OR
Date: _____ / _____ / _____		Small Groundwater System <input type="checkbox"/>