

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 **April / 22** 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	12:15 pm	A	.8	
2	9:14	A	.8	
3	7:26	A	.6	
4	7:30	A	.6	
5	7:16	A	.6	
6	7:43	A	.6	
7	7:12	A	1.0	
8	12:40 pm	A	.8	
9	9:14 am	A	.8	
10	7:12	A	.6	
11	7:35	A	.6	
12	7:30	A	.8	
13	7:42	A	.8	
14	2:26 pm	A	1.2	
15	9:11	A	1.2	
16	10:10	A	1.2	
17	10:25	A	1.6	
18	7:34	A	1.6	
19	7:30	A	1.6	
20	7:38	A	1.4	
21	2:22 pm	A	1.4	
22	10:51	A	1.4	
23	5:18	A	1.2	
24	6:19	A	1.0	
25	7:18	A	1.0	
26	7:15	A	1.2	
27	7:16	A	1.0	
28	7:19	A	1.4	
29	2:24 pm	A	1.4	
30	9:13 am	A	1.4	
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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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 Date continuous monitoring equipment failed: / /  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Date it was returned to service: / /  
 Attach grab sample results and submit them with this form.

Printed Name: \_\_\_\_\_ Title: *Manager*  
 Signature: *[Signature]* Phone #: *(571) 597-4349*  
 Date: *5/1/2022*

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System