

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 **May 122** 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	7:14	A	1.4	
2	7:24	A	1.2	
3	9:40	A	1.4	
4	7:11pm	A	1.4	
5	7:12	A	1.0	
6	7:20	A	1.0	
7	7:18	A	1.2	
8	7:17	A	1.2	
9	7:31	A	1.2	
10	7:18	A	1.2	
11	7:23	A	1.2	
12	7:14	A	1.6	
13	2:47pm	A	1.4	
14	10:32	A	1.4	
15	9:01	A	1.2	
16	7:15	A	1.2	
17	7:25	A	1.2	
18	7:37	A	1.6	
19	7:15	A	1.4	
20	2:29pm	A	1.4	
21	9:45	A	1.0	
22	6:11	A	0.6	
23	10:03	A	2.4	
24	7:23	A	2.4	
25	7:41	A	2.4	
26	7:58	A	1.6	
27	7:31	A	1.6	
28	7:23	A	1.2	
29	7:18	A	1.6	
30	11:41	A	1.6	
31	7:13	A	1.0	

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>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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>
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Printed Name: <u>William Badd</u> Signature: <u>[Signature]</u> Date: <u>5/13/2022</u>	Title: <u>Manager</u> Phone #: <u>(541) 597-9349</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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