

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 Nov 12022 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	7:21	A	.6	
2	7:34	A	.6	
3	7:24	A	.6	
4	12:30pm	A	.6	
5	12:22pm	A	.6	
6	8:40	A	.6	
7	10:25	A	.6	
8	7:18	A	.8	
9	8:52	A	1.2	
10	7:30	A	1.2	
11	12:24pm	A	1.0	
12	12:35pm	A	1.0	
13	7:23	A	1.0	
14	7:49	A	1.0	
15	7:28	A	1.0	
16	7:43	A	1.0	
17	7:34	A	.8	
18	12:12pm	A	1.8	
19	12:16pm	A	1.6	
20	7:58	A	.6	
21	9:33	A	1.0	
22	7:19	A	.6	
23	7:29	A	.6	
24				
25	7:39	A	.6	Thanksgiving
26	12:30pm	A	.6	
27	8:05	A	.8	
28	7:43	A	.5	
29	8:11	A	.6	
30	7:16	A	.5	
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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____

Printed Name: Phoebe Summers Title: Produce Manager Operator Certification #: _____
 Signature: [Signature] Phone #: () _____ OR
 Date: 1 / 1 Small Groundwater System