Monthly Disinfection Report for Ground Water Systems

System Name		Ray's food place #71		PI	WS ID# 41	94437
Month/	Year Dec	12022 Entry Po	pint: 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	7:27	A		104	•	
2	81.07		le.	Jan 18		
3	8'44	A		16		
4	12:22	ary . A		A A		
5	7:35	A		. 8	-	
6	7:22	£	50	8		•
7	7:37	pare	- 11	. 6		
8	- 1 31039	A-		. 8		
9	201	Α		10		
10	1:42	A		. 0		
- 11	7:55	À		1.00		· · · · · · · · · · · · · · · · · · ·
12	7 100	4	-	110		
13	7:30	1		11.7		
. 14	2:57	A		1.2		
15	7:22	À		1.2		
16	8117	<u>/</u>		11.2		
17	723	1		17-		
18	A7125	A		1,2		
19	9:50	A		1,2	z .	
20	8:26	, A	1	1.0		,
-21	7:19	A		1,2		
22	713	· . A	25.4	1.2		
23	7:30	· . A		1.		
24	7'10	. 1		1,4		
25					· 10560	1 dicietarias
26	8:20	A		102		1 chestinas
27	7:40	Α.		1 >		
. 28	7:00	4		1.2		
29	7:24	Á	, ,	1.2		
30	7:23	A	, , , , , , , , , , , , , , , , , , ,	1.2		
31	7.20	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.						
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
		· ·	Did continuous monitoring equipment fail at any time this			1
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No			reporting month? Yes No			Date continuous monitoring equipment failed:
	those results	and submit them with	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 service:			/ / Date it was returned to service:
	*		Attach grab san	Attach grab sample results and submit them with this form.		
Printed Name: Procinc Certification #:						
Signature: Phone #: (541) 507 9 OR						
12:12:12:1						
Small Groundwater System Small Groundwater System						