

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 **Feb 1 2023** 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	7:26	A	1.4	
2	7:27	A	1.4	
3	7:16	A	1.2	
4				well head broke
5	7:21	A	3.0	it's so strong because we just fixed the well head
6	7:15	A	2.0	
7	7:20	A	1.4	
8	7:29	A	1.2	
9	7:20	A	1.2	
10	8:34	A	1.2	
11	7:22	A	.8	
12	7:46	A	.8	
13	7:42	A	.6	
14	6:31	A	.6	
15	7:25	A	.6	
16	7:20	A	.6	
17	11:20	A	1.0	
18	7:17	A	1.2	
19	7:48	A	1.2	
20	7:24	A	1.2	
21	7:31	A	1.2	
22	7:22	A	1.2	
23	9:32	A	.8	
24	7:18	A	.8	
25	7:51	A	1.8	
26	7:55	A	.8	
27	11:10	A	.8	
28	11:50	A	.8	
29				
30				
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.

<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>	

Printed Name: William Brad	Title: MANAGER	Operator Certification #:
Signature: 	Phone #: 504 5974349	OR
Date: 3 1 1 23		Small Groundwater System <input type="checkbox"/>