

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 2003** 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	7:53	A	1.0	
2	7:36	A	1.0	
3	7:29	A	1.0	
4	7:19	A	1.2	
5	7:20	A	1.2	
6	7:21	A	1.2	
7	8:33	A	1.2	
8	11:07	A	1.2	
9	7:16	A	1.2	
10	8:08	A	1.1	
11	7:23	A	1.1	
12	7:16	A	1.1	
13	7:13	A	1.6	
14	8:35	A	1.8	
15	7:12	A	1.0	
16	7:32	A	1.0	
17	7:55	A	1.0	
18	7:17	A	1.0	
19	7:49	A	1.0	
20	7:27	A	1.0	
21	4:08	A	1.0	
22	7:50	A	1.0	
23	1:12 PM	A	1.0	
24	7:19	A	1.0	
25	7:24	A	.8	I ran the test on source b (meat dept.)
26	7:36	A	.6	and got 2.0 I ran
27	7:56	A	3.2	it at source C and got
28	8:47	A	3.2	2.6 (del.) I am monitoring
29	7:57	A	3.2	area A again and got
30	7:27	A	1.6	the same number.
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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.

<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><i>Attach those results and submit them with this form.</i></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 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Phoebe ... Title: ... Operator Certification #: _____
 Signature: [Signature] Phone #: () _____ OR
 Date: 1 / 1 Small Groundwater System