

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name **Ray's food place #71**

PWS ID# **41 94437**

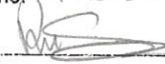
Month/Year **May / 2023** Entry Point: **A**

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	7:12	A	1.6	
2	7:30	A	1.8	
3	8:00	A	.8	
4	7:14	A	1.2	
5	9:31	A	1.2	
6	7:33	A	1.2	
7	7:45	A	1.0	
8	7:33	A	1.0	
9	8:00	A	1.0	
10	7:15	A	1.0	
11	7:10	A	1.2	
12	8:26	A	1.2	
13	11:22	A	0.8	
14	7:17	A	0.6	
15	7:25	A	.6	
16	7:56	A	1.0	
17	7:44	A	1.0	
18	7:50	A	.5	
19	8:15	A	1.0	
20	7:18	A	.8	
21	7:34	A	1.0	
22	7:38	A	1.0	
23	7:15	A	1.0	
24	7:21	A	1.4	
25	7:25	A	1.0	
26	7:29	A	1.4	
27	7:30	A	3.4	
28	7:39	A	3.4	
29	7:26	A	3.4	
30	7:43	A	3.0	
31	7:38	A	2.8	

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><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></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>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: **Phoebe Summers** Title: **Produce Manager** Operator Certification #: \_\_\_\_\_  
 Signature:  Phone #: **(541) 597-4849** OR  
 Date: **5/31/2023** Small Groundwater System