

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 **Sept / 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	7:23	A	1.8	
2	8:00	A	1.8	
3	8:46	A	1.6	
4	7:59	A	2.0	
5	7:24	A	1.4	
6	7:43	A	1.4	
7	7:47	A	1.2	
8	8:00	A	1.6	
9	7:30	A	1.4	
10	7:48	A	1.0	
11	8:00	A	.8	
12	7:44	A	1.8	
13	9:23	A	0.8	
14	7:17	A	1.6	
15	7:36	A	2.0	
16	7:27	A	1.2	
17	7:28	A	2.2	
18	8:10	A	2.0	
19	10:10	A	2.0	
20	7:34	A	1.8	
21	7:28	A	1.0	
22	7:29	A	2.0	
23	7:23	A	1.6	
24	9:07	A	.8	
25	7:42	A	.8	
26	7:25	A	2.8	
27	7:27	A	2.8	
28	7:13	A	2.6	
29	7:30	A	3.0	
30	7:38	A	3.0	
31	7:56	A	3.0	

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.

<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><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>
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Printed Name: <b>Phoebe Summers</b> Signature:  Date: <b>7-13-123</b>	Title: <b>Produce Manager</b> Phone #: <b>(541) 597-4349</b>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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