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

System Name: Ray's food place #71

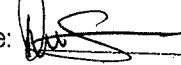Month/Year: Sept. / 2023   Entry Point: A

PWS ID# 41 94437

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	7:50		1.0	
2	7:32	A	1.0	
3	7.08	A	1.0	
4	7:40	A	.8	
5	10:00	A	.6	
6	7:21	A	1.6	
7	7:25	A	1.0	
8	7.48	A	.8	
9	8:33	A	.6	
10	7:31	A	1.6 (1.6)	
11	7:55	A	.6	
12	7:51	A	.8	
13	12:10	A	.8	
14	7:25	A	.8	
15	7:44	A	1.0	
16	7:20	A	1.6	
17	7:37	A	1.8	
18	7:15	A	2.2	
19	7:08	A	1.8	
20	8:13	A	1.6	
21	7:10	A	1.6	
22	7:39	A	1.2	
23	7:40	A	.8	
24	7:38	A	.8	
25	7:11	A	.8	
26	8:22	A	.6	
27	8:15	A	.6	
28	7:26	A	.6	
29	7:33	A	.6	
30	7:42	A	.6	
31			.6	

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**	
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No *Attach those results and submit them with this form.*	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No *Attach grab sample results and submit them with this form.*	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Phoebe Summers

Signature: [signature]

Date: 10 / 2 / 23

Title: Produce Manager

Phone #: (541) 597 4349

Operator Certification #: _____

OR

Small Groundwater System ☐

December 19, 2012