

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 **Dec / 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	8:10	A	2.8	
2	7:33	A	2.8	
3	6:42	A	2.6	
4	9:33	A	2.6	
5	8:22	A	2.6	
6	7:16	A	1.8	
7	7:23	A	1.8	
8	7:41	A	1.6	
9	7:32	A	1.6	
10	7:38	A	1.6	
11	7:17	A	1.6	
12	9:54	A	1.4	
13	8:15	A	1.4	
14	8:13	A	1.4	
15	8:37	A	1.4	
16	12:41	A	1.2	
17	7:19	A	1.8	
18	7:14	A	3.4	
19	8:12	A	2.4	
20	7:21	A	2.8	
21	7:17	A	2.6	
22	8:11	A	2.6	
23	7:19	A	2.4	
24	7:15	A	2.4	
25				
26	7:14	A	1.6	Closed
27	7:42	A	1.6	
28	7:32	A	1.6	
29	7:16	A	1.4	
30	7:23	A	1.4	
31	6:32	A	1.4	

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 align="center">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>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: _____	Title: _____	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
Signature: _____	Phone #: () _____	
Date: / /		