

## Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71 Water Test

PWS ID# 41 94437

Month/Year Feb. 2004 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	7:35	A	2.0	
2	8:12	A	2.0	
3	7:17	A	2.0	
4	7:30	A	2.0	
5	7:22	A	2.4	
6	7:35	A	2.4	
7	7:42	A	2.4	
8	7:22	A	2.4	
9	7:21	A	2.4	
10	7:22	A	1.6	
11	7:44	A	1.6	
12	7:54	A	1.4	
13	7:27	A	1.8	
14	7:35	A	1.8	
15	7:15	A	3.0	
16	7:41	A	3.0	
17	7:30	A	3.0	
18	7:43	A	3.4	
19	7:23	A	2.0	
20	7:34	A	2.8	
21	7:18	A	3.0	
22	1:46	A	3.4	
23	7:37	A	3.4	
24	7:30	A	3.0	
25	7:24	A	3.4	
26	9:03	A	3.2	
27	7:15	A	3.0	
28	8:00	A	3.0	
29	7:18	A	3.4	
30				
31				

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>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: _____	Title: _____	Operator Certification #: _____
Signature: _____	Phone #: ( ) _____	OR
Date: <u>1 / 1</u>		Small Groundwater System <input type="checkbox"/>