

Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71

PWS ID# 41 94437

Month/Year March 2024 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	3.0	
2	7:27	A	3.4	
3	7:45	A	3.4	
4	7:26	A	3.4	
5	7:14	A	3.0	
6	7:32	A	2.6	
7	7:42	A	2.6	
8	7:40	A	2.8	
9	7:42	A	2.8	
10	7:28	A	1.6	
11	7:45	A	1.6	
12	7:21	A	1.6	
13	8:10	A	1.6	
14	7:15	A	.8	
15	7:29	A	3.4	
16	7:22	A	3.4	
17	7:25	A	3.4	
18	7:27	A	3.4	
19	7:32	A	3.2	
20	7:43	A	2.8	
21	7:19	A	2.6	
22	7:50	A	2.6	
23	7:28	A	3.4	
24	7:24	A	3.2	
25	7:32	A	3.0	
26	7:50	A	3.2	
27	7:29	A	3.0	
28	7:27	A	1.6	
29	7:11	A	.8	
30	8:18	A	2.6	
31	7:34	A	3.4	

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>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: Phoebé Summers Title: Produce Manager Operator Certification #: _____
 Signature: _____ Phone #: (541) 359-1442 OR _____
 Date: 3/31/2024 Small Groundwater System