

Monthly Disinfection Report for Ground Water Systems

System Name **Ray's food place #71**

PWS ID# **41 94437**

Month/Year **April 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	7:42	A	3.4	
2	8:28	A	3.4	
3	7:23	A	3.4	
4	7:30	A	3.4	
5	7:19	A	3.4	
6	7:33	A	3.4	
7	7:23	A	3.4	
8	7:25	A	3.4	
9	7:32	A	3.4	
10	7:48	A	3.4	
11	7:16	A	3.0	
12	7:23	A	3.0	
13	7:47	A	3.4	
14	7:37	A	3.2	
15	1:35	A	3.0	
16	2:17	A	3.0	
17	7:16	A	3.0	
18	7:21	A	3.0	
19	7:17	A	3.0	
20	7:34	A	3.4	
21	7:42	A	3.4	
22	9:58	A	3.0	
23	7:44	A	3.0	
24	7:44	A	3.0	
25	7:38	A	3.0	
26	8:17	A	3.0	
27	7:29	A	3.0	
28	7:24	A	3.4	
29	7:32	A	3.2	
30	7:22	A	3.0	
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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>
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Printed Name: **Phoebe Summers** Title: **Produce Manager** Operator Certification #: _____
 Signature: Phone #: **(541) 359 1442** OR
 Date: **4 18 24** Small Groundwater System