

## Monthly Disinfection Report for Ground Water Systems

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

PWS ID# **41 94437**

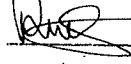
Month/Year **May / 2024** Entry Point: **A**

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	8:45	A	3.0	
2	7:13	A	3.0	
3	7:45	A	3.0	
4	7:43	A	3.2	
5	7:28	A	3.2	
6	7:45	A	3.0	
7	7:32	A	3.0	
8	7:09	A	3.4	
9	7:40	A	3.4	
10	7:35	A	3.4	
11	7:52	A	3.2	
12	7:31	A	3.2	
13	8:09	A	3.3	
14	7:45	A	3.3	
15	8:36	A	3.2	
16	7:41	A	3.6	
17	7:48	A	3.4	
18	7:40	A	3.4	
19	7:39	A	3.4	
20	7:54	A	3.4	
21	9:14	A	3.4	
22	7:42	A	3.4	
23	7:29	A	3.4	
24	7:32	A	3.4	
25	8:23	A	3.0	
26	9:03	A	3.0	
27	7:36	A	3.2	
28	7:44	A	3.2	
29	8:19	A	3.2	
30	7:27	A	2.8	
31	7:44	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><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: <b>Phoebe Summers</b> Signature:  Date: <b>5 / 1 / 24</b>	Title: <b>Produce Manager</b> Phone #: <b>(541) 359-1442</b>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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