Monthly Disinfection Report for Ground Water Systems

System Name   Ray's food place #71

PWS ID#   41 94437

Month/Year June / 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	7:35	A	3.4	
2	7:33	A	3.4	
3	7:45	A	3.4	
4	7:24	A	3.2	
5	7:29	A	3.2	
6	7:56	A	3.2	
7	7:43	A	3.2	
8	7:30	A	3.4	
9	7:43	A	3.2	
10	7:22	A	3.2	
11	7:42	A	3.2	
12	7:18	A	3.2	
13	7:11	A	3.0	
14	7:29	A	2.6	
15	7:42	A	3.2	
16	8:01	A	2.8	
17	7:43	A	2.6	
18	7:26	A	2.4	
19	7:23	A	2.4	
20	7:49	A	2.4	
21	7:40	A	2.4	
22	7:54	A	2.0	
23	8:00	A	2.4	
24	7:14	A	3.0	
25	8:19	A	3.0	
26	7:12	A	3.0	
27	7:33	A	3.0	
28	7:16	A	3.0	
29	8:01	A	3.0	
30	8:01	A	3.0	
31			3.0	

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes   ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____

Date it was returned to service: _____ / _____ / _____

Printed Name: Phoebe Summers

Title: Produce Manager

Signature: _____

Phone #: ( )

Date: 7 / 1 / 24

Operator Certification #: _____

OR

Small Groundwater System ☐