

Monthly Disinfection Report for Ground Water Systems

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

PWS ID# **41 94437**

Month/Year **July 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	8:32	A	3.0	
2	9:15	A	3.0	
3	8:36	A	3.0	
4	7:15	A	2.8	
5	7:49	A	2.8	
6	7:56	A	3.4	
7	7:51	A	3.4	
8	7:30	A	3.4	
9	7:17	A	3.4	
10	7:28	A	3.4	
11	8:10	A	3.4	
12	7:39	A	3.0	
13	7:34	A	2.6	
14	7:56	A	1.6	
15	7:32	X	2.0	
16	8:10	A	2.0	
17	7:13	A	2.6	
18	12:31	A	3.0	
19		A	2.6	
20	8:20	A	3.4	
21	7:54	A	3.4	
22	7:15	A	3.2	
23	7:42	A	3.2	
24	8:10	A	3.2	
25	7:12	A	3.0	
26	7:36	A	3.0	
27	7:42	A	3.0	
28	8:15	A	3.0	
29	7:12	A	2.8	
30	7:26	A	2.8	
31	8:15	A	2.8	

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 Signature: Date: 7/31/2024	Title: Produce Manager Phone #: (541) 369-7442	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>
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