

Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71

PWS ID# 41 94437

Month/Year Nov / 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	7:36	A	1.2	
2	7:14	A	1.2	
3	7:17	A	1.0	
4	10:18	A	1.4	
5	7:29	A	3.4	
6	7:20	A	3.4	
7	7:14	A	3.2	
8	7:05	A	2.6	
9	7:12	A	2.4	
10	7:05	A	2.6	
11	7:17	A	2.8	
12	7:22	A	2.8	
13	7:32	A	3.0	
14	7:49	A	3.0	
15	8:10	A	3.0	
16	7:10	A	3.0	
17	7:23	A	2.6	
18	8:11	A	2.0	
19	7:15	A	2.0	
20	7:49	A	1.8	
21	8:01	A	1.4	
22	8:15	A	1.4	
23	10:07	A	1.6	
24	9:30	A	1.4	
25	7:15	A	1.4	
26	7:12	A	1.4	
27	7:45	A	1.2	
28	7:18	A	3.0	
29	8:14	A	3.0	
30	7:8	A	2.6	
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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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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 Dreaaly

Title: Produce Manager

Operator Certification #:

Signature: 

Phone #: (541) 359-1412

OR

Date: 11/29/24

Small Groundwater System ☐