Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71 Month/Year ()ec / 2024 Entry Point:				PWS ID# 4 1 94437		
Date	Time		rce(s) in use	Lowest free ch	Ilorine	nimum Residual .5 mg/L
1	7:05			residual at entry distribution system	point to	Notes
: 2			Α	2.8	ir (irig/L)	
3	7:15	·	A	2.6		
4	7.45		<u> </u>	2.6		
5	7:10		<u> </u>	2.6		
6	7)18		<u> </u>	2.2		
7	10:20		<u> </u>	2.4		
8	7:13		4	2.0		
9	77 3 3	` · · · · · · · · · · · · · · · · · · ·	4	2.0		:
	8:15	A		2-4		
	9!12	A		3.4		
	7`,2(ΑΑ		3.4		
	7:08	A		3.4		
	7:06			2.0		
	:22	\		2.8		
477	145	A		3.0		
40	17			2.9		
19 🦙	19	A		2.4		• \
	3:10	1 A		1.2		
21 70		A.		1.2		
	1/2 .	A		1,2		
	28	A		10)		·
5	10		The second section of the section of the second section of the section of the second section of the sect	1.0		
	1.6			1.0		
	52	A		1.2		Closect
3 7:0		<u> </u>		1.4		
7:0		A_		2.6		
7.3				2,4		
8:13		$ \frac{\lambda}{\lambda}$	` \	-24	· ·	
the chlori	ne residual o	Ver less the		2.C		
s, what wa led by end	as the longes of next busin	t time period un ess day	e required minimum til the required level	Presidual of .5 mg/L? was restored? hou	Yes ⊠ No Irs – If > 4 hours Di	rinking Water Program to be
WS Serv	ring 3,300	or Fewer				• • • • • • • • • • • • • • • • • • •
s, did you monitor every four house			GWS Serving More Than 3,300			
quired?	areturned to Yes	mg/L □ No		onitoring equipment fail at ☐ Yes ☐ No	any time this	Date continuous monitoring equipment failed:
ch those results and submit them with orm.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No			
Name: 1	roebe Su	mnes	Attach grab sample	e results and submit them		service:
ire: Jus		The second second		oduce monage-	Operator (Pertification #:
			Phone #: (54() 35(1492		aporator (· •
~ 131	1 2024	Í	•	~~ · · · · · · · · · · · · · · · · · ·		OR .

December 19, 2012