

Monthly Disinfection Report for Ground Water Systems

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

PWS ID# **41 94437**

Month/Year **Jan / 2005** 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	10:06	A	2.0	
2	7:43	A	2.2	
3	7:41	A	2.2	
4	7:10	A	2.2	
5	7:13	A	2.4	
6	7:26	A	2.4	
7	7:33	A	2.4	
8	7:42	A	2.4	
9	7:11	A	2.4	
10	7:22	A	3.0	refilled
11	7:10	A	2.8	
12	7:07	A	2.8	
13	7:23	A	3.0	
14	7:22	A	3.0	34444
15	7:31	A	2.8	34465
16	7:23	A	2.3	34493 refilled
17	7:17	A	3.2	34519
18	7:05	A	2.6	34540
19	7:05	A	2.0	
20	7:11	A	2.0	
21	7:20	A	2.0	34605
22	7:48	A	1.8	34624
23	7:15	A	1.3	34640
24	7:27	A	1.0	34666
25	7:09	A	2.6	34691 refilled
26	7:05	A	2.6	
27	7:21	A	2.8	
28	7:57	A	2.8	
29	7:26	A	2.8	
30	7:24	A	2.6	
31	10:06	A	2.2	

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:

Title:

Operator Certification #:

Signature: _____

Phone #: () _____

OR

Date: / /

Small Groundwater System ☐

December 19, 2012