

# Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71

PWS ID# 41 94437

Month/Year March 2025 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	7:06	A	3.2	
2	7:05	A	3.0	
3	7:05	A	3.0	
4	7:54	A	3.0	
5	1:48	A	3.4	
6	7:05	A	3.0	
7	7:04	A	3.2	
8	7:04	A	3.0	
9	10:42	A	3.0	
10	8:47	A	2.2	
11	8:29	A	3.0	
12	7:19	A	3.2	
13	7:05	A	3.0	
14	9:40	A	1.0	
15	7:08	A	3.2	
16	7:06	A	3.2	
17	7:53	A	3.4	
18	8:10	A	3.4	
19	8:04	A	3.4	
20	7:43	A	3.4	
21	7:50	A	3.4	
22	7:40	A	3.4	
23	11:30	A	3.2	
24	8:10	A	3.2	
25	7:53	A	3.2	
26	8:00	A	3.4	
27	7:50	A	3.2	
28	8:10	A	3.2	
29	9:00	A	3.2	
30	7:45	A	3.4	
31	7:35	A	3.4	

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: ROSE LASH

Title: MANAGER

Operator Certification #: \_\_\_\_\_

Signature: 

Phone #: (541) 369-1442

OR

Small Groundwater System ☐

Date: 3-18-25