

Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71

Month/Year MAY 2025

Entry Point: A

PWS ID# 41 94437

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	7:39	A		
2	8:00	A		
3	7:45	A	3.4	3.4
4	9:00	A	3.0	3.0
5	8:11	A	3.0	3.0
6	9:00	A	2.4	2.4
7	9:41	A	2.4	2.4
8	9:01	A	2.6	2.6
9	8:05	A	2.6	2.6
10	8:31	A	2.6	2.6
11	7:45	A	2.6	2.6
12	10:00	A	2.4	2.4
13	7:49	A	2.4	2.4
14	10:00	A	2.4	2.4
15	9:45	A	3.2	3.2
16	8:04	A	3.2	3.2
17	8:41	A	3.2	3.2
18	7:39	A	3.2	3.2
19	10:00	A	3.2	3.2
20	7:54	A	3.2	3.2
21	7:46	A	3.4	3.4
22	8:15	A	3.4	3.4
23	12:17	A	3.4	3.4
24	7:11	A	3.4	3.4
25	7:16	A	3.4	3.4
26	7:09	A	3.4	
27	7:19	A	3.4	
28	7:29	A	3.4	
29	8:10	A	3.4	
30	7:08	A	3.2	
31	8:10	A	3.2	

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? _____ 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: Phoebe Summers

Signature: [Signature]

Date: 6/2/2025

Title: Produce Manager

Phone #: (541) 359-1442

Operator Certification #:

OR

Small Groundwater System ☐