

Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71

PWS ID# 41 94437

Month/Year June / 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	7:30	A	3.2	
2	7:32	A	3.2	
3	7:22	A	3.2	
4	7:32	A	3.2	
5	7:16	A	3.2	
6	7:35	A	3.2	
7	7:26	A	3.2	
8	2:15	A	3.2	
9	10:50	A	3.0	
10	7:08	A	3.4	
11	8:15	A	3.4	
12	7:16	A	3.4	
13	8:03	A	3.4	
14	8:00	A	3.4	
15	6:45	A	3.4	
16	8:50	A	3.4	
17	7:13	A	3.4	
18	7:37	A	3.4	
19	7:10	A	3.2	
20	7:45	A	3.0	
21	7:18	A	2.8	
22	9:10	A	2.6	
23	7:54	A	2.2	
24	2:20	A	3.3	
25	7:30	A	3.0	
26	7:25	A	3.2	
27	7:34	A	3.2	
28	7:12	A	3.2	
29	3:15	A	3.4	
30	7:20	A	3.0	
31				

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: 

Date: 6/30/2025

Title: Produce Manager

Phone #: (541) 359-1442

Operator Certification #:

OR

Small Groundwater System ☐

December 19, 2012