

# Monthly Disinfection Report for Ground Water Systems

System Name Ray's food place #71

PWS ID# 41 94437

Month/Year Sept. 12025 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	7:15	A	1.2	
2	7:22	A	1.0	
3	7:18	A	.8	
4	7:24	A	.8	
5	7:35	A	.8	
6	7:15	A	.8	
7	7:17	A	.6	
8	7:43	A	.6	
9	7:26	A	1.0	
10	9:33	A	1.4	
11	10:26	A	1.4	
12	7:15	A	1.4	
13	7:25	A	1.8	
14	7:32	A	1.8	
15	7:23	A	1.6	
16	7:42	A	1.6	
17	8:10	A	1.4	
18	7:43	A	1.2	
19	7:19	A	1.2	
20	7:24	A	1.4	
21	9:15	A	1.4	
22	7:40	A	1.8	
23	7:31	A	1.2	
24	7:35	A	1.2	
25	7:42	A	1.2	
26	7:18	A	1.0	
27	7:32	A	1.0	
28	9:15	A	1.0	
29	7:29	A	1.0	
30	7:15	A	1.0	
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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 Summer

Signature: 

Date: 10-11-125

Title: Public Manager

Phone #: (541) 369-1442

Operator Certification #:

OR

Small Groundwater System ☐

December 19, 2012