State of Oregon Drinking Water Program Monthly Disinfection Report for Ground Water Systems

System Name		MR RASCALS PWS			SID# 41 <u>95377</u>		
Month/\	lear Jun	ne ZZ Entry Po	int:	Re	quired Minim	um Residual <u>8-2 mg/l</u>	
Date	Time	Source(s)	in use	Lowest free chlorine residual at entry point to distribution system (mg/L		Notes	
1	(mao)			,4			
2	(0pM)			.4			
3	1145			. 4			
4	/130	MENS		<u>u</u>	_		
5 6	11:30	710	<u> </u>	4			
7.	3.30	-KARI		Ü			
8	laam			14			
9	1/45		1	4			
.10	1130			,4			
11	1130			4,			
12	1130			, 4	_		
13	1130			- 4			
14 15	330		,	- 7	- 	· · · · · · · · · · · · · · · · · · ·	
16	1130			i u			
17	1/30			4			
18	1145	<u> </u>		,4			
19	//30			- 4			
20	1130			. 4		···	
21	330			.4			
22	6 pm	· · · · · · · · · · · · · · · · · · ·		4		*	
23 24	1/30			14			
25	1145			1	_		
.26	1/30			4		······································	
27	1/30		<u></u>	, 4			
28	330			,4			
29	(om			, 4	ADD	96 or Blesch	
30	1/30		····	,4		Fill	
31							
		dual ever less than the ongest time period unti		residual of2_mg/L? was restored? hours	☐ Yes → XE+M	Ó	
GWS	Serving 3	,300 or Fewer		GWS Serving Mo	re Than 3,3		
If yes, did you monitor every four hours until the residual returned tomg/L?			Did continuous monitoring equipment fell at any tin reporting month? Yes No		time this	Date continuous monitoring equipment failed:	
☐ Yes ☐ No Attach those results and submit them with this form.			If yes, were grab samples collected every four ho continuous monitoring equipment was returned to ☐ Yes ☐ No		ours until the	<u>ll</u>	
						Date it was returned to service:	
			Attach grab sample results and submit them with		h this form.		
rinted i	lame: EAU	DAND BORT	4 Tille:	Title: OWNER		Operator Certification #:	
		M. Both		# (54) 846-7303		OR N/A	
_	5.4171				Small Groundwater System □		