

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

System Name RASCALS BAR & Grill PWS ID# 41 95377
 Month/Year Apr 1 24 Entry Point: A Required Minimum Residual .2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			.6	
2	3:30		.6	
3	6:00 AM	ADA	.6	
4	11:30	Bathroom	.6	
5	11:45		.6	
6	11:45		.6	
7	11:30		.6	
8	2:00		.6	
9	3:15		.6	
10	6:00 PM		.8	
11	11:30		.8	
12	11:45		.8	
13	11:45		.8	
14	11:30		.8	
15	3:00		.8	
16	3:30		.8	
17	11:15		.8	
18	11:30		.8	
19	11:30		.7	
20	11:30		.8	
21	11:45		.8	
22	11:30		.7	
23	3:30		.7	
24	11:15		.7	
25	11:30		.7	
26	11:30		.7	
27	11:30		.7	
28	11:45		.7	
29	11:45		.7	
30	3:30		.7	
31				

Was the chlorine residual ever less than the required minimum residual of .2 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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: EDWARD BORTA Title: owner Operator Certification #: _____
 Signature: Edward M Borta Phone #: (503) 787-5778 OR N/A
 Date: MAY 13 24 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.