

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

System Name MASCALS BAR & Grill

PWS ID# 41 95377

Month/Year MAY 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 pm		.6	
2	11:30	Kitchen	.6	
3	11:30		.6	
4	11:30		.6	
5	11:30		.6	
6	11:30		.6	
7	11:30		.6	
8	6 pm			.6
9	11:00		.6	
10	11:30		.6	
11	11:30		.6	
12	11:30		.6	
13	11:30		.6	
14	3:30		.6	
15	6 pm		.6	
16	11:00		.6	
17	11:30		.6	
18	11:30		.6	
19	11:30		.6	
20	11:45		.6	
21	3:30		.6	
22	6:15 pm		.6	
23	11:30		.6	
24	11:30		.6	
25	11:30		.6	
26	11:30		.6	
27	11:45		.6	
28	3:30		.6	
29	6 pm		.6	
30	11:00		.6	
31	11:30		.6	

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 #: () OR N/A
 Date: July 7, 24 541-787-5998 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.