

System Name

RASCALS BAR & Grill

PWS ID# 41 95377

Month/Year

Sept 124

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 | 4:30 | | .5 | |
| 2 | 11:30 | | .5 | |
| 3 | 3:30 | | .5 | |
| 4 | 6pm | MENS Bathroom | .5 | |
| 5 | 11:30 | | .5 | |
| 6 | 11:45 | | .5 | |
| 7 | 11:45 | | .5 | |
| 8 | 11:45 | | .5 | |
| 9 | 11:45 | | .5 | |
| 10 | 3:30 | | .5 | |
| 11 | 6pm | | .5 | |
| 12 | 11:30 | | .5 | |
| 13 | 11:45 | | .5 | |
| 14 | 11:45 | | .5 | |
| 15 | 11:45 | | .5 | |
| 16 | 11:45 | | .5 | |
| 17 | 3:30 | | .5 | |
| 18 | 6pm | | .5 | |
| 19 | 11:30 | | .5 | |
| 20 | 11:45 | | .5 | |
| 21 | 11:45 | | .5 | |
| 22 | 11:45 | | .5 | |
| 23 | 11:45 | | .5 | |
| 24 | 3:30 | | .5 | |
| 25 | 6pm | | .5 | |
| 26 | 11:45 | | .5 | |
| 27 | 11:30 | | .5 | |
| 28 | 11:30 | | .5 | |
| 29 | 11:30 | | .5 | |
| 30 | 11:45 | | .5 | |
| 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?
 notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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: EDWARD BORTA

Title: OWNER

Signature: Edward M Borta

Phone #: (541) 787

Date: Oct 10, 24

5998

Operator Certification #:

OR N/A

Small Groundwater System ☐

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

August 22, 2019