

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

System Name RASCALS BAR & Grill  
 Month/Year Oct 124 Entry Point: A

PWS ID# 41 95377  
 Required Minimum Residual 12 mg/L

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

Tues 8th  
Empty 2000G  
Water tank  
& pressure wash  
INSIDE . . .  
ADD splash of  
chlorine &  
Fill BARREL w/  
96 oz chlorine  
Note  
Were closed on  
Tues & Weds -

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
--	--

Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Edward M. Borta Phone #: (541) 787-5998 OR N/A  
 Date: 11 17 124 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14356, Portland, OR 97293-0350.