

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

System Name RASCALS BAR & Grill
Month/Year Dec/24 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	1145		.6	
2	1145		.6	
3	330	Small	.6	ADD 96oz
4	6pm	Bathroom	.6	chlorine
5	1130	(MENS)	.6	
6	1145		.6	
7	1145		.6	
8	1145		.6	
9	1130		.6	
10	1130		.6	
11	615		.6	
12	1130		.6	
13	1135		.6	
14	1140		.6	
15	1130		.6	
16	1130		.6	
17	1130		.6	
18	600		.6	
19	1130		.6	
20	215		.6	
21	1130		.6	
22	1130		.6	
23	1145		.6	
24	1130		.6	
25	615		.6	
26	1130		.6	
27	1145		.6	
28	1130		.6	
29	1130		.5	
30	1130		.6	
31	330		.6	

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.

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) 787-5998

Date: 12/6/25

Operator Certification #: _____

OR N/A

Small Groundwater System ☐

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

August 22, 2019