

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

System Name RASCALS Bar & Grill PWS ID# 41 95377  
 Month/Year 2 125 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	11:30		.6	
2	11:45		.6	
3	11:30		.6	
4	3:00		.6	
5	6 pm		.6	
6	11:15	Kitchen	.6	
7	11:30		.6	
8	11:30		.6	
9	11:45		.6	
10	11:30		.6	
11	3:30		.6	
12	6 pm		.6	
13	11:15		.6	
14	11:30		.6	
15	11:30		.6	
16	11:30		.6	
17	11:45		.6	
18	3:30		.6	
19	6 pm		.6	
20	11:00		.6	
21	11:30		.6	
22	11:30		.6	
23	11:30		.6	
24	2:15		.6	
25	3:30		.6	
26	6 pm		.6	
27	11:00		.6	
28	11:30		.6	
29				
30				
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.

<b>GWS Serving 3,300 or Fewer</b> 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 Attach those results and submit them with this form.	<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
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Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Edward M. Borta Phone #: (541) 787-5998 OR N/A  
 Date: 3/1/125 Small Groundwater System ☐