

**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 |                  | .6   |       |
| 7    | 11:30 | Kitchen          | .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.

|  |  |   |
|--|--|---|
| <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> | <p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p> |
|--|--|---|

Printed Name: EDUARDO BORTA Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Eduardo M. Borta Phone #: (541) 787-5998 OR N/A  
 Date: 3 11 125 Small Groundwater System