

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

System Name RASCALS PWS ID# 41 95377
 Month/Year April 25 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	6 pm		.6	
2	11:30	MENS	.6	
3	11:45		.6	
4	11:45	BATHROOM	.6	
5	11:00		.6	
6	11:45		.6	
7	3:30		.6	
8	6 pm		.6	
9	11:30		.6	
10	11:45		.6	
11	11:45		.6	
12	11:30		.6	
13	11:45		.6	
14	3:30		.6	
15	6 pm		.6	
16	3:30		.6	
17	11:45		.6	
18	11:45		.6	
19	11:30		.6	
20	11:45		.6	
21	11:45		.6	
22	6 pm		.6	
23	11:30		.6	
24	11:45		.6	
25	11:00		.6	
26	11:45		.6	
27	11:15		.6	
28	11:30		.6	
29	6 pm		.6	ADDED 96oz chlorine
30	3:30		.6	to BARREL
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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.

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

Date continuous monitoring equipment failed: _____

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Date it was returned to service: _____

Attach grab sample results and submit them with this form.

Printed Name: EDWARD BORTA

Title: OWNER

Signature: Edward M. Borta

Phone #: (541) 787 5993

Date: MAY 18 25

Operator Certification #: _____

OR N/A

Small Groundwater System ☐

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