

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

System Name RASCALS			PWS ID# 41 95377
Month/Year MAY 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	1130		.6	
2	1145	SMALL	.6	
3	330		.6	
4	6pm	BATHROOM	.6	
5	1130		.6	
6	1145		.6	
7	1130		.6	
8	1130		.6	
9	1145		.6	
10	1145		.6	
11	6pm		.6	
12	1130		.6	
13	1145		.6	
14	1145		.6	
15	1145		.6	
16	1130		.6	
17	1145		.6	
18	6pm		.6	
19	1130		.6	
20	1130		.6	
21	1130		.6	
22	1145		.6	
23	1130		.6	
24	1130		.6	
25	6pm		.6	
26	1130		.6	
27	1145		.6	
28	1130		.6	
29	1130		.6	
30	1130		.6	ADD 96 oz chlorine
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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.
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Printed Name: EDWARD BORTA Signature: <i>Edward M. Borta</i> Date: JUNE 4 125	Title: OWNER Phone #: (541) 541-787-5798	Operator Certification #: N/A Small Groundwater System <input type="checkbox"/>
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