

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

System Name RASCALS BAR & Grill PWS ID# 41 95377
 Month/Year July / 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	11:45		.6	
2	3:30	Big Bathroom	.6	
3	6pm		.6	
4	11:30		.6	
5	11:45		.6	
6	11:45		.6	ADD 96oz chlorine to vessel
7	11:45		.6	
8	11:45		.6	
9	3:30		.6	
10	6pm		.6	
11	3:30		.6	
12	11:45		.6	
13	11:45		.6	
14	11:45		.6	
15	11:45		.6	
16	11:45		.6	
17	6pm		.6	
18	3:30		.6	
19	11:30		.6	
20	11:45		.6	
21	11:45		.6	
22	11:45		.6	
23	11:45		.6	
24	6pm		.6	
25	3:30		.6	
26	11:30		.6	
27	11:45		.6	
28	11:15		.6	
29	11:45		.6	
30	11:45		.6	
31	6pm		.6	

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? <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.	Date continuous monitoring equipment failed: _____ / _____ / _____ Date it was returned to service: _____ / _____ / _____
---	---	--

Printed Name: EDWARD BORTA Title: owner Operator Certification #: _____
 Signature: Edward M. Borta Phone #: (541) 787-5988 OR N/A
 Date: Aug / 5 / 25 Small Groundwater System ☐

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