

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

System Name RASCALS BAR & Grill PWS ID# 41 95377
 Month/Year Sept / 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		.5	
2	11:00		.5	
3	11:45		.5	
4	11:45	Kitchen	.5	ADD 80oz
5	11:30		.5	chlorine to
6	11:30		.5	vessel
7	3:30		.5	
8	6 pm		.5	
9	11:15		.5	
10	11:30		.5	
11	1:30		.5	
12	11:30		.5	
13	11:30		.5	
14	3:30		.5	
15	6 pm		.5	
16	11:30		.5	
17	11:45		.5	
18	11:45		.5	
19	11:30		.5	
20	11:30		.5	
21	3:30		.5	
22	6 pm		.5	
23	11:00		.5	
24	11:30		.5	
25	11:30		.5	
26	11:45		.5	
27	Noon		.5	
28	3:30		.5	
29	6 pm		.5	
30	11:00		.5	
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.

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
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ 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

Signature: Edward M. Borta

Phone #: (541) 787-5998

Date: Sept 3 / 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.

August 22, 2019