

System Name

Rascals Bar Grill

PWS ID#

41

95377

Month/Year

Oct / 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	Bq Bathroom	.5	
2	11:00		.5	
3	11:30		.5	
4	11:30		.5	
5	11:30		.5	
6	11:30		.5	
7	3:30		.5	
8	6 pm		.5	
9	11:00		.5	
10	11:45		.5	
11	11:30		.5	
12	11:30		.5	
13	11:45		.5	
14	3:30		.5	
15	6 pm		.5	
16	11:00		.5	
17	11:30		.5	
18	11:45		.5	
19	11:45		.5	
20	2 pm		.5	
21	3:30		.5	
22	6 pm		.5	
23	11:00		.5	
24	11:30		.5	
25	11:45		.5	
26	11:30		.5	
27	11:35		.5	
28	3:30		.5	
29	6 pm		.5	
30	11:00		.5	
31	11:30		.5	

Was the chlorine residual ever less than the required minimum residual of .2 mg/L? ☐ Yes ☒ NoIf yes, what was the longest time period until the required level was restored?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or FewerIf 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 3,300Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ NoIf 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) 797

Operator Certification #:

OR N/A

Date: Nov 14 / 25

5998

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