

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

System Name		RASCALS BAR & GRILL		PWS ID# 41 953-77
Month/Year		Nov / 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	11:30		.5	
2	3:30	Sm All	.5	
3	6:00pm	Sm All	.5	
4	11:45	Sm All	.5	
5	11:45		.5	
6	11:45		.5	ADD 800g chlorine to vessel
7	11:45		.5	
8	11:30		.5	
9	3:30		.5	
10	6:00pm		.5	
11	11:15		.5	
12	11:45		.5	
13	11:45		.5	
14	NOON		.5	
15	11:45		.5	
16	3:15		.5	
17	6:00pm		.5	
18	11:00		.5	
19	11:45		.5	
20	11:45		.5	
21	11:45		.5	
22	11:00		.5	
23	3:30		.5	
24	6:00pm		.5	
25	11:00		.5	
26	11:30		.5	
27	11:45		.5	
28	11:30		.5	
29	11:00		.5	
30	3:30		.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		GWS Serving More Than 3,300	
<p>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</p> <p>Attach those results and submit them with this form.</p>		<p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	
		<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: EDWARD BORTA		Title: OWNER		Operator Certification #: OR N/A	
Signature: Edward M. Borta		Phone #: (541) 287-5993		Small Groundwater System <input type="checkbox"/>	
Date: 12 / 4 / 25					

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.