

System Name

RASCALS BAR & Grill

PWS ID# 41

95377

Month/Year

Dec / 25

Entry Point:

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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	11:00		.5	
2	3:30		.5	
3	6pm	Kitchen	.5	
4	11:00		.5	
5	11:30		.5	
6	11:30		.5	
7	11:45		.5	
8	11:45		.5	
9	3:30		.5	
10	6pm		.5	
11	11:00		.5	
12	11:30		.5	
13	11:45		.5	
14	11:30		.5	
15	11:30		.5	
16	2 pm		.5	
17	6pm		.5	
18	11:00		.5	
19	11:45		.5	
20	11:45		.5	
21	11:00		.5	ADD 64 oz
22	11:00		.5	chlorine to
23	2 pm		.5	vessel
24	6 pm		.5	
25	11:00		.5	
26	11:30		.5	
27	11:45		.5	
28	11:45		.5	
29	11:45		.5	
30	11:45		.5	HAPPY NEW YEAR!
31	11:30		.5	

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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <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><b>GWS Serving More Than 3,300</b></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>
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<p>Printed Name: EDWARD BORTA</p> <p>Signature: Edward M. Borta</p> <p>Date: JAN 1 126</p>	<p>Title: OWNER</p> <p>Phone #: (541) 787-5998</p>	<p>Operator Certification #: /</p> <p>OR N/A</p> <p>Small Groundwater System <input type="checkbox"/></p>
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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.