

System Name

RASCALS BAR & Grill

PWS ID#

41 95377

Month/Year

JAN 26

Entry Point

A

Required Minimum Residual

0.2 mg/L

Direct from source

			distribution system (mg/L)
1	11:00		.5
2	11:45		.5
3	11:15		.5
4	11:45	MENS	.5
5	11:30	BATHROOM	.5
	11:30		.5
7	6 pm		.5
8	11:45		.5
9	11:45		.5
10	11:30		.5
11	11:45		.5
12	11:30		.5
	11:00		.5
14	6 pm		.5
15	11:30		.5
16	11:45		.5
17	11:45		.5
18	11:45		.5
19	7 pm		.5
	11:30		.5
21	6 pm		.5
22	11:30		.5
23	11:45		.5
24	11:45		.5
25	11:45		.5
26	11:30		.5
	11:30		.5
28	6 pm		.5
29	11:30		.5
30	11:45		.5
31	11:45		.5

Was the chlorine residual ever less than the required minimum residual of 0.2 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

Date continuous monitoring equipment failed:

1 / 1  
Date it was returned to service:

Printed Name: EDWARD BORTA

Title: Owner

Operator Certification #:

Signature: Edward M Borta

Phone #: (541) 787-5998

OR N/A

Date: JAN 26 2016

Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp\\_dmce@odhsoha.oregon.gov](mailto:dwp_dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.