

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

System Name RASCALS Bore Well

PWS ID# 41 95377

Month/Year Feb 126 Entry Point: A

Required Minimum Residual 12 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:45		.5	
2	11:45	kitchen	.5	
3	11:45		.5	
4	3:30		.5	
5	6:00 PM		.5	
6	11:00		.5	
7	11:45		.5	
8	11:45		.5	
9	11:45		.5	
10	11:30		.5	
11	3:30		.5	
12	6:00 PM		.5	
13	11:00		.5	
14	11:45		.5	
15	11:45		.5	
16	1:00		.5	
17	11:30		.5	
18	3:30		.5	
19	6:00 PM		.5	
20	11:00		.5	
21	11:15		.5	
22	11:15		.5	
23	11:30		.5	
24	1:00		.5	
25	3:45		.5	
26	6:00 PM		.5	
27	11:00		.5	
28	11:00		.5	
29				
30				
31				

Was the chlorine residual ever less than the required minimum residual of 12 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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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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Printed Name: EDWARD BORTS Title: OWNER Operator Certification #: _____
 Signature: Edward M. Borts Phone #: (541) 787-5998 OR N/A
 Date: MAR 3 126 Small Groundwater System