

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

System Name PASCALS BAR #6-11 PWS ID# 41 95377  
 Month/Year MAR 26 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		.5	
2	11:00	Small Bathroom	.5	
3	11:30		.5	ADD 880 oz
4	11:30		.5	
5	11:45		.5	
6	11:30		.5	bleach to
7	4:00		.5	vessel
8	6 pm		.5	
9	11:00		.5	
10	11:30		.5	
11	11:30		.5	
12	11:45		.5	
13	11:30		.5	
14	3:30		.5	
15	6 pm		.5	
16	11:00		.5	
17	11:30		.5	
18	11:00		.5	
19	11:30		.5	
20	11:30		.5	
21	3:30		.5	
22	6 pm		.4	
23	11:30		.4	
24	Noon		.4	
25	11:30		.4	
26	11:30		.4	
27	11:45		.4	
28	3:30		.4	
29	6 pm		.4	
30	11:00		.4	
31	Noon		.4	

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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Printed Name: EDWARD BORTA Title: owner Operator Certification #: N/A  
 Signature: E. Borta Phone #: (541) 787-5998 OR  
 Date: MAR 14 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.