

FAX 971-673-0408 0458

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

System Name MR RASCALS PWS ID# 41 95377
 Month/Year JAN 21 Entry Point: A Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1130		.6	
2			.6	
3			.6	
4			.6	
5	315	ADA	.6	
6	6pm		.6	
7	1130	BATHROOM	.6	
8	2pm		.6	
9	2pm		.6	
10	2pm		.5	
11	2pm		.5	
12	5pm		.5	
13	6pm		.6	
14	noon		.6	
15	4pm		.6	
16	10:10		.6	
17	10:40		.6	
18	10:10		.6	
19	3:00		.6	
20	6:30		.6	
21	10:00		.6	
22	10:00		.6	
23	11:00		.7	
24	11:30		.7	
25	12:00		.6	
26	3:10		.6	
27	6:30		.6	
28	noon		.6	
29	11:30		.6	
30	11:20		.6	
31	11:00		.6	

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L? <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 checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <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 #: _____
 Signature: Edward M. Borta Phone #: (541) 846-7303
 Date: FEB 17 2021 OR N/A
 Small Groundwater System