

971 673-0458

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

System Name MR RASCALS PWS ID# 41 95377
 Month/Year Feb 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	3:00		.6	
3	6 pm		.6	
4	Noon		.6	
5	Noon		.6	
6	Noon		.6	
7	Noon	Kitchen	.6	
8	Noon		.6	
9	330		.5	
10	600		.5	
11	1130		.5	
12	Noon		.5	
13	Noon		.5	
14	Noon		.5	
15	1145		.5	
16	230		.5	
17	6 pm		.5	
18	1130		.6	
19	Noon		.6	
20	Noon		.6	
21	Noon		.6	
22	Noon		.6	
23	230		.6	
24	6 pm		.6	
25	1130		.6	
26	Noon		.6	
27	Noon		.6	
28	Noon		.6	
29				
30				
31				

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u> </u> 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: <u> </u>/<u> </u>/<u> </u></p> <p>Date it was returned to service: <u> </u>/<u> </u>/<u> </u></p>
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Printed Name: EDUARDO BORTA Title: OWNER Operator Certification #:
 Signature: Eduardo M. Borta Phone #: (541) 846-9303 OR N/A
 Date: MAR 9 121 541-787-5998 Small Groundwater System

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