

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 MAR 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    | 1130  |                  | .6   |       |
| 3    | 1130  | MENS             | .6   |       |
| 4    | 1130  | Bathroom         | .6   |       |
| 5    | 1130  |                  | .6   |       |
| 6    | 3pm   |                  | .5   |       |
| 7    | 6pm   |                  | .5   |       |
| 8    | 1000  |                  | .5   |       |
| 9    | 1130  |                  | .5   |       |
| 10   | 31130 |                  | .6   |       |
| 11   | 1130  |                  | .6   |       |
| 12   | 1130  |                  | .6   |       |
| 13   | 10.08 |                  | .6   |       |
| 14   | 6pm   |                  | .6   |       |
| 15   | 1130  |                  | .6   |       |
| 16   | 1130  |                  | .6   |       |
| 17   | 1130  |                  | .6   |       |
| 18   | 1130  |                  | .6   |       |
| 19   | 1130  |                  | .6   |       |
| 20   | 10 AM |                  | .6   |       |
| 21   | 6pm   |                  | .6   |       |
| 22   | 1145  |                  | .6   |       |
| 23   | 1130  |                  | .6   |       |
| 24   | 1140  |                  | .6   |       |
| 25   | 1130  |                  | .6   |       |
| 26   | 1130  |                  | .6   |       |
| 27   | 11 AM |                  | .6   |       |
| 28   | 6pm   |                  | .6   |       |
| 29   | 1130  |                  | .6   |       |
| 30   | 1130  |                  | .6   |       |
| 31   | 1130  |                  | .6   |       |

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><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?<br/> <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 checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?<br/> <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: E. Borta Phone #: (541) 846-9303 OR N/A  
 Date: 3/10/21 541-787-5998 Small Groundwater System