

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 April 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		.4	
2	1130		.4	
3	1130		.4	
4	1130	ADA	.4	
5	1130	ADA	.5	ADD 96oz bleach
6	300		.5	to Vessel
7	6pm		.5	
8	1130		.5	
9	1130		.4	
10	1130		.4	
11	1130		.4	
12	1130		.4	
13	330		.5	
14	6pm		.5	
15	1130		.5	
16	1130		.5	
17	1130		.5	
18	1145		.5	
19	1130		.5	
20	330		.4	
21	6pm		.4	
22	1130		.4	
23	1130		.4	
24	1130		.4	
25	1130		.4	
26	1130		.4	
27	300		.4	
28	6pm		.4	
29	1130		.4	
30	1130		.4	
31			.4	

Notes
 I tried to
 fix last month's
 on the 10th (Saturday)
 but it wouldn't go
 thru - that's why
 it was a
 couple days
 late -
 ED

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

GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to _____ mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: _____ Date it was returned to service: _____
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Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: _____
 Signature: Edward M. Borta Phone #: (541) 846-9303 OR N/A
 Date: 5/13/21 Small Groundwater System