

971-673-0458

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

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

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	330			
2	6am			
3	1130	MEN - BATHROOM	.4	
4				
5				
6				
7				
8	330			
9	6am			
10	1130			
11				
12				
13				
14				
15	330			
16	6pm			
17	1130			
18				
19				
20				
21				
22	330			
23	6am			
24	1130			
25				
26				
27				
28				
29	330			
30	6pm			
31				

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><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?  <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?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
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Date continuous monitoring equipment failed: _____	Date it was returned to service: _____
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Printed Name: <u>EDWARD BORTA</u>	Title: <u>OWNER</u>	Operator Certification #: _____
Signature: <u>[Signature]</u>	Phone #: <u>(541) 846-9303</u>	OR <u>N/A</u>
Date: <u>July 8 21</u>	Small Groundwater System <input type="checkbox"/>	