

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

System Name MR RASCALS PWS ID# 41 95377
 Month/Year Oct 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		.5	
2	1120	MENS	.5	
3	1100	Bathroom	.4	
4	1145		.4	
5	330		.4	
6	6 PM		.5	
7	1145		.5	
8	1145		.5	ADD chlorine
9	1130		.5	
10	1100		.5	
11	1130		.5	
12	330		.5	
13	6 PM		.5	
14	1130		.5	
15	1130		.5	
16	1145		.5	
17	1130		.5	
18	1130		.5	
19	330		.5	
20	6 PM		.5	
21	1130		.5	
22	1130		.5	
23	1145		.5	
24	1145		.5	
25	1145		.5	
26	315		.5	
27	6 PM		.5	
28	1130		.5	
29	1130		.5	
30	1145		.5	
31	1130		.5	

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: Nov 4 21 Small Groundwater System