

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

System Name MR RASCALS PWS ID# 41 95377
 Month/Year Dec 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	6 AM		.4	
2	1145		.4	
3	1145	MENS Bath	.4	ADD 96g chlorine
4	1130		.4	
5	1145		.4	
6	Noon		.4	
7	330		.4	
8	1145		.4	
9	1130		.4	
10	1130		.4	
11	1130		.4	
12	1130		.4	
13	1130		.4	
14	330		.4	
15	6 AM		.4	
16	1145		.4	
17	1145		.4	
18	1145		.4	
19	1145		.4	
20	1130		.4	
21	330		.4	
22	6 PM		.4	
23	1130		.5	
24	1130		.5	
25	1145		.5	
26	1130		.5	
27	1130		.5	
28	330		.4	
29	6 AM		.5	
30	1130		.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

<p>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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: ____/____/____</p> <p>Date it was returned to service: ____/____/____</p>
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Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: _____
 Signature: Edward M. Borta Phone #: (541) 846-9303 OR N/A
 Date: JAN 6 122 Small Groundwater System