

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

System Name MR RASCALS PWS ID# 41 95377  
 Month/Year JAN/22 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	1145		.5	
3	1130		.5	
4	315		.5	
5	6pm	Kitchen	.4	
6	1130		.4	
7	11:30		.4	
8	1130		.4	
9	11:30		.4	
10	11:30		.4	
11	3:20		.4	
12	6pm		.4	
13	1130		.4	
14	1145		.4	
15	1130		.4	
16	1130		.4	
17	1130		.4	
18	330		.4	
19	6pm		.4	
20	11:30		.4	
21	1145		.4	
22	1130		.4	
23	1130		.4	
24	1130		.4	
25	315		.4	
26	6pm		.4	
27	1130		.4	
28	11:30		.4	
29	11:30		.4	
30	11:30		.4	
31	11:30		.4	

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?  <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 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>	

Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Edward A. Borta Phone #: (541) 846-9303 OR N/A  
 Date: Feb 1, 22 Small Groundwater System