

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

System Name MR RASCALS PWS ID# 41 95377  
 Month/Year Aug 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		.4	
2	330		.4	
3	6 PM		.4	
4	1100		.4	
5	1130	kitchen	.4	
6	1145		.4	
7	1130		.4	
8	1130		.4	
9	3:30		.4	
10	6 PM		.5	
11	1130		.5	
12	1145		.5	
13	1130		.5	
14	1130		.5	
15	1130		.5	
16	1:15		.4	
17	6 PM		.4	
18	1130		.4	
19	1130		.4	
20	1145		.4	
21	1130		.4	
22	1130		.4	
23	300		.4	
24	6 PM		.4	
25	1130		.4	
26	1130		.4	
27	1130		.4	
28	1130		.4	
29	1130		.4	
30	330		.4	ADD 9602 chlorine
31	6 PM		.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>
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Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: \_\_\_\_\_  
 Signature: Edward M. Borta Phone #: (541) 846-9303 OR N/A  
 Date: 9/14/22 Small Groundwater System