

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

System Name MR RASCALS PWS ID# 41 95377
 Month/Year FEB 23 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 pm		.4	
2	1130		.4	
3	1130		.4	
4	1130	kitchen	.4	
5	1130		.4	
6	330		.4	
7	330		.4	
8	6 pm		.4	
9	1130		.4	
10	1130		.4	
11	1130		.4	
12	1130		.4	
13	1130		.4	
14	330		.4	
15	6 pm		.4	
16	1130		.4	
17	1130		.4	
18	1130		.4	
19	1130		.4	
20	1130		.4	
21	330		.4	
22	6 pm		.4	
23	1130		.4	
24	1130		.4	
25	1130		.4	
26	1130		.4	
27	3:30		.4	ADDED 700g chlorine
28	6 pm		.4	
29				
30				
31				

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>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) 846-7303 OR N/A
 Date: MAR 1 23 Small Groundwater System