

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

System Name MR RASCALS PWS ID# 41 95377
 Month/Year AUG 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	3:30		.6	
2	6pm		.6	
3	11:30	ADA Bathroom	.6	
4	11:45		.6	ADA 96g chlorine
5	11:45		.6	
6	11:45		.6	
7	11:45		.6	
8	3:30		.6	
9	6pm		.6	
10	11:30		.6	
11	11:30		.6	
12	11:30		.6	
13	11:30		.5	
14	11:30		.5	
15	3:30		.5	
16	6pm		.5	
17	11:30		.5	
18	11:45		.5	
19	11:30		.5	
20	11:30		.5	
21	11:30		.5	
22	3:30		.5	
23	6pm		.5	
24	11:15		.5	
25	11:45		.5	
26	11:45		.5	
27	11:45		.5	
28	11:45		.5	
29	3:30		.5	
30	6pm		.5	
31	11:00		.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>	

Printed Name: EDWARD BORTA Title: OWNER Operator Certification #: _____
 Signature: Edward Borta Phone #: (541) 846-9303 OR N/A
 Date: SEP 5 2023 Small Groundwater System