

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

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

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><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: 1/14/24 Small Groundwater System