

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

System Name Rascals Bar & Grill PWS ID# 41 95377  
 Month/Year Feb 124 Entry Point: A Required Minimum Residual .2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	11:00		.6	
2	1145		.6	
3	1145	<u>kitchen</u>	.6	
4	1145		.6	
5	1145		.6	
6	330		.6	
7	6pm		.6	
8	11:10		.6	
9	1130		.6	
10	1145		.6	
11	1130		.6	
12	1145		.6	
13	330		.6	
14	6pm		.6	
15	11:00		.6	
16	1130		.5	
17	1145		.5	
18	11:45		.6	
19	11:30		.6	
20	1pm		.6	
21	330		.6	
22	6pm		.6	
23	11:00		.6	
24	1130		.6	
25	11:30		.6	
26	11:30		.6	
27	11:45		.6	
28	3:30		.6	
29	6pm		.6	
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 - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab sample results and submit them with this form.</i></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) 787-5998 OR N/A  
 Date: MAR 04 124 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.