

### Monthly Disinfection Report for Ground Water Systems

System Name *Meke Bridge M.H.P.*

PWS ID# 41 01165

Month/Year *11 / 22* Entry Point:

Required Minimum Residual *.50* mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	6:10	#1 well	0	
2	8:15	#1 well	0	
3	7:00	#1 well	0	
4	10:30	#1 well	0	
5	5:40	#1 well	0	
6	6:00	#1 well	0	
7	5:00	#1 well	0	
8	4:00	#1 well	0	
9	4:10	#1 well	0	
10	6:00	#1 well	0	
11	7:00	#1 well	0	
12	7:00	#1 well	0	
13	10:00	#1 well	0	
14	01:00	#1 well	0	
15	12:00	#1 well	0	
16	1:00	#1 well	0	
17	7:45	#1 well	0	
18	7:45	#1 well	0	
19	7:00	#1 well	0	
20	3:20	#1 well	0	
21	3:10	#1 well	0	
22	3:00	#1 well	0	CONTACT MARK 541-210-2984
23	1:50	#1 well	0	
24	11:00	#1 well	0	
25	5:00	#1 well	0	
26	6:00	#1 well	0	
27	5:40	#1 well	0	
28	8:00	#1 well	0	
29	7:10	#1 well	0	
30	7:00	#1 well	0	
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Was the chlorine residual ever less than the required minimum residual of *.50* 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>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 as required? <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: _____	Title: <i>water tester</i>	Operator Certification #: _____
Signature: <i>Steve Kuyper</i>	Phone #: (541) 210-2984	OR
Date: <i>12 10 22</i>	541 951-3901	Small Groundwater System <input type="checkbox"/>

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