

Monthly Disinfection Report for Ground Water Systems

System Name *Mtlee Bridge MHP*

PWS ID# 41 01165

Month/Year *12/22* 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	3:00	#1 well	.0	
2	4:00	#1 well	.0	
3	2:00	#1 well	.0	
4	6:00	#1 well	.0	
5	10:00	#1 well	.0	
6	12:30	#1 well	.0	
7	8:00	#1 well	.0	
8	12:00	#1 well	.0	
9	8:00	#1 well	.0	
10	6:00	#1 well	.0	
11	4:00	#1 well	.0	
12	7:00	#1 well	.0	
13	6:00	#1 well	.0	
14	7:00	#1 well	.0	Contact Mark 541-210-2984
15	4:00	#1 well	.0	
16	8:00	#1 well	.0	
17	9:00	#1 well	.0	
18	11:00	#1 well	.0	
19	12:00	#1 well	.0	
20	1:00	#1 well	.0	
21	6:30	#1 well	.0	
22	9:00	#1 well	.0	
23	11:00	#1 well	.0	
24	8:00	#1 well	.0	
25	7:00	#1 well	.0	
26	5:00	#1 well	.0	
27	7:00	#1 well	.0	
28	6:00	#1 well	.0	
29	9:00	#1 well	.0	
30	1:00	#1 well	.0	
31	6:00	#1 well	.0	

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>GWS Serving 3,300 or Fewer</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>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 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: *Steven Krupicka* Title: *water tester* Operator Certification #: _____
 Signature: *Steven Krupicka* Phone #: *(541) 210-2984* OR
 Date: *01/06/23* *541 951-3901* Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694;

or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.