

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

System Name Melroe Bridge M.H.P. PWS ID# 4101165
Month/Year 08 12023 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	7:00	#1 well	0.8	
2	5:25	#1 well	0.8	
3	6:00	#1 well	0.8	
4	5:30	#1 well	0.8	
5	5:00	#1 well	0.7	
6	5:05	#1 well	0.6	
7	11:00	#1 well	0.5	
8	4:00	#1 well	0.6	
9	6:00	#1 well	0.6	
10	6:00	#1 well	0.6	
11	7:15	#1 well	0.7	
12	8:00	#1 well	0.6	
13	8:30	#1 well	0.6	
14	7:45	#1 well	0.6	Contact Mark
15	6:00	#1 well	0.6	541-210-2984
16	4:00	#1 well	0.6	
17	7:00	#1 well	0.6	
18	8:00	#1 well	0.6	
19	8:30	#1 well	0.6	
20	1:30	#1 well	0.6	
21	9:30	#1 well	0.6	
22	10:30	#1 well	0.5	
23	8:30	#1 well	0.5	
24	6:30	#1 well	0.6	
25	5:00	#1 well	0.6	
26	7:00	#1 well	0.6	
27	7:30	#1 well	0.7	
28	8:00	#1 well	0.6	
29	8:00	#1 well	0.6	
30	3:30	#1 well	0.6	
31	2:00	#1 well	0.5	

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>

Printed Name: Steven Krupicka Title: Water Tester Operator Certification #: _____
Signature: Steven Krupicka Phone #: (541) 210-2984 OR
Date: 09/05/2023 541 951-3901 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; Services, PO Box 14350, Portland, OR 97223-0350.

Received Time Sep. 5. 2023 12:34 PM No. 9742

August 22, 2019