

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

System Name: Mackel Bridge PWS ID# 4101165
Month/Year 3 / 25 Entry Point: Required Minimum Residual .5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:10		.8	
2	2:30		.8	
3	6:00		.8	
4	4:20		.9	
5	3:00		.9	
6	5:30		.8	
7	3:30		.8	
8	4:00		.8	
9	12:00		.8	
10	1:00		.8	
11	5:00		.8	
12	8		.8	
13	8		.8	
14	7:00		.8	
15	10:00		.6	
16	6:00		.6	
17	4:00		.8	
18	10:00		.8	
19	2:00		.8	
20	4:00		.8	
21	4:00		.8	
22	8:00		.8	
23	7:00		.8	
24	5:15		.8	
25	12:00		.8	
26	6:00		.8	
27	7:00		.8	
28	5:00		.8	
29	6:00		.8	
30	10:00		.8	
31	6:00		.6	

Was the chlorine residual ever less than the required minimum residual of _____ 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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____

Date it was returned to service: _____ / _____ / _____

Printed Name: Chris Munoz
Signature: _____
Date: _____ / _____ / _____

Title: _____
Phone #: (541) 999-3208

Operator Certification #: _____

OR

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019