

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

System Name Mcken Bridge

PWS ID# 4101165

Month/Year 4 125 Entry Point: #1 well

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	10:00			
2	12:00			
3	6:00			
4	4:00			
5	9:00			
6	10:00			
7	11:00			
8	5:00			
9	4:00			
10	7:00			
11	7:00			
12	7:00			
13	4:20			
14	7:00			
15	4:00			
16	5:30			
17	8:00			
18	10:00			
19	7:00			
20	12:00			
21	12:00			
22	4:00			
23	4:30			
24	7:00			
25	6:00			
26	3:20			
27	5:00			
28	4:00			
29	7:00			
30	6:00			
31				

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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

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

Title: tester

Signature: [Signature]

Phone #: (541) 899 3208

Date: 1 1

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