

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

System Name *Mokae Bridge M.H.P.* PWS ID# *41 01165*
Month/Year *08 / 21* Entry Point: *pump House* Required Minimum Residual *0.50* mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5:45	#1 well	1.19	
2	6:00	#1 well	1.56	
3	3:00	#1 well	1.58	
4	10:35	#1 well	2.10	
5	4:50	#1 well	1.75	
6	7:00	#1 well	1.77	
7	6:10	#1 well	1.67	
8	4:45	#1 well	1.16	
9	6:00	#1 well	1.27	
10	5:10	#1 well	1.38	
11	6:10	#1 well	1.56	
12	4:45	#1 well	1.58	
13	5:45	#1 well	1.57	
14	10:45	#1 well	1.62	
15	9:30	#1 well	1.97	
16	6:30	#1 well	1.82	
17	7:00	#1 well	1.67	
18	7:30	#1 well	1.89	
19	8:00	#1 well	2.26	
20	9:15	#1 well	1.91	
21	11:00	#1 well	1.18	
22	3:00	#1 well	2.17	
23	5:30	#1 well	1.96	
24	6:20	#1 well	2.46	
25	7:00	#1 well	2.42	
26	7:15	#1 well	2.38	
27	8:00	#1 well	2.36	
28	10:00	#1 well	2.17	
29	1:15	#1 well	1.98	
30	2:15	#1 well	1.80	
31	6:15	#1 well	1.71	

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.

<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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: <i>Steve Krupicka</i>	Title:	Operator Certification #:
Signature: <i>Steve Krupicka</i>	Phone #: <i>(541) 899-7189</i>	OR
Date: <i>09/09/21</i>		Small Groundwater System <input type="checkbox"/>

Return by 10th of following month by either email dwp.dmco@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.