

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

System Name *Neke Bridge M.H.P.* PWS ID# 41 *01165*
Month/Year *10 121* Entry Point: *well House* 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	1.69	
2	7:30	#1 well	1.54	
3	7:40	#1 well	1.42	
4	9:53	#1 well	1.39	
5	6:30	#1 well	1.49	
6	5:45	#1 well	1.61	
7	4:50	#1 well	1.52	
8	6:10	#1 well	1.82	
9	7:18	#1 well	1.82	
10	8:10	#1 well	1.76	
11	8:40	#1 well	1.72	
12	10:00	#1 well	1.02	
13	4:45	#1 well	0.97	
14	6:05	#1 well	0.95	
15	6:10	#1 well	1.20	
16	6:30	#1 well	1.57	
17	6:14	#1 well	1.80	
18	6:16	#1 well	1.60	
19	6:25	#1 well	1.48	
20	6:35	#1 well	1.82	
21	7:20	#1 well	1.94	
22	7:20	#1 well	1.94	
23	5:20	#1 well	1.87	
24	5:42	#1 well	1.90	
25	5:32	#1 well	1.87	
26	5:30	#1 well	1.88	
27	7:10	#1 well	1.92	
28	3:40	#1 well	1.88	
29	5:40	#1 well	1.87	
30	6:35	#1 well	1.94	
31	11:30	#1 well	1.96	

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
Date continuous monitoring equipment failed: / /
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
Date it was returned to service: / /
Attach grab sample results and submit them with this form.

Printed Name: *Steven Krupicki* Title: _____
Signature: *Steven Krupicki* Phone #: (541) 899-7187

Operator Certification #: _____
OR
Small Groundwater System