

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

System Name Makee Bridge M.H.P. PWS ID# 4101165
 Month/Year 05 122 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	1.30	
2	4:30	#1 well	1.30	
3	4:00	#1 well	1.35	
4	4:05	#1 well	1.30	
5	5:00	#1 well	1.25	
6	4:00	#1 well	1.20	
7	6:30	#1 well	1.25	
8	5:30	#1 well	1.25	
9	1:00	#1 well	1.20	
10	4:00	#1 well	1.30	
11	6:00	#1 well	1.35	
12	3:30	#1 well	1.35	
13	9:10	#1 well	1.40	
14	9:00	#1 well	1.40	
15	9:00	#1 well	1.30	
16	9:05	#1 well	1.40	
17	2:00	#1 well	1.40	
18	6:10	#1 well	1.40	
19	4:00	#1 well	1.45	
20	8:40	#1 well	1.30	
21	1:30	#1 well	1.25	
22	3:00	#1 well	1.40	
23	9:30	#1 well	1.35	
24	11:00	#1 well	1.30	
25	10:00	#1 well	1.30	
26	6:00	#1 well	1.50	
27	5:45	#1 well	1.70	
28	6:30	#1 well	1.60	
29	6:00	#1 well	1.40	
30	8:15	#1 well	1.70	
31	2:00	#1 well	1.70	

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>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: Steve Krupicka Title: water tester Operator Certification #: _____
 Signature: Steve Krupicka Phone #: (541) 899-7199 OR
 Date: 06/04/2022 Small Groundwater System

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