

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

System Name		Bridge Open Bible	PWS ID# 4 1 95164	
Month/Year		2 / 2023	Entry Point: WTP-A	
			Required Minimum Residual 0.30 mg/L	

  

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7pm	Kitchen	.6	
2				
3				
4				
5	9:00	Kitchen	.6	
6				
7				
8	7pm	Kitchen	1.1	changed dial to 7
9				
10				
11				
12	9:00	Kitchen	.9	
13				
14				
15	7pm	Kitchen	.9	
16				
17				
18				
19	9:00	Kitchen	.86	
20				
21				
22	7pm	Kitchen	.85	
23				
24				
25				
26	9:00	Kitchen	.82	
27				
28				
29				
30				
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? \_\_\_\_\_ hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: <u>Deek French</u>	Title: <u>Trouw</u>	Operator Certification #:
Signature: <u>[Signature]</u>	Phone #: <u>(571) 729-7182</u>	OR
Date: <u>3/1/2023</u>		Small Groundwater System <input type="checkbox"/>