

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

System Name Bridge Open Bible		PWS ID# 41 95164		
Month/Year 5/12 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		closed		
2		+		
3	11am	K. F. L. H.	.7	
4		closed		
5	9am	K. F. L. H.	.7	
6		closed		
7		+		
8	7pm	K. F. L. H.	.8	
9		closed		
10				
11		+		
12	9am	K. F. L. H.	.8	
13		closed		
14		+		
15	7pm	K. F. L. H.	.8	
16		closed		
17				
18		+		
19	9am	K. F. L. H.	.75	
20		closed		
21		+		
22	7am	K. F. L. H.	.75	
23		closed		
24				
25		+		
26	9am	K. F. L. H.	.7	
27		closed		
28				
29		+		
30				
31	11am	K. F. L. H.	1.1	added water
Was the chlorine residual ever less than the required minimum residual of _____ mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? _____ hours - <input type="checkbox"/> > 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form		Date continuous monitoring equipment failed / / Date it was returned to service / /
Printed Name <u>Derek Finner</u> Signature <u>[Signature]</u> Date <u>11/15/12</u>		Title <u>Treasurer</u> Phone # () <u>541-729-7124</u> Operator Certification # _____ OR Small Groundwater System <input type="checkbox"/>		