

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

System Name Mckee Bridge M.H.P. PWS ID# 41 01165
 Month/Year 03/21 Entry Point: _____ 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	5:30	#1 well	1.25	
2	5:00	#1 well	1.21	
3	4:51	#1 well	1.00	
4	5:30	#1 well	1.27	
5	5:45	#1 well	1.05	
6	6:10	#1 well	1.35	
7	5:15	#1 well	1.32	
8	4:10	#1 well	1.35	
9	3:30	#1 well	1.32	
10	6:15	#1 well	1.28	
11	5:38	#1 well	1.30	
12	4:50	#1 well	1.40	
13	9:05	#1 well	1.40	
14	6:13	#1 well	1.50	
15	2:30	1 well	1.50	
16	12:15	well #1	1.50	
17	5:40	#1 well	1.65	
18	5:48	#1 well	1.94	
19	6:00	#1 well	1.90	
20	5:00	#1 well	2.05	
21	4:30	#1 well	1.87	
22	9:20	#1 well	1.90	
23	10:35	1 well	1.90	
24	6:00	1 well	2.00	
25	6:00	#1 well	1.97	
26	6:10	#1 well	2.12	
27	5:50	#1 well	1.95	
28	7:30	#1 well	2.05	
29	5:41	1 well	2.10	
30	7:45	#1 well	2.15	
31	8:00	#1 well	2.21	

Was the chlorine residual ever less than the required minimum residual of 50 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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>

Printed Name: Steven Krupicka Title: _____ Operator Certification #: _____
 Signature: Steven Krupicka Phone #: (541) 999-7199 OR
 Date: 04/07/21 Small Groundwater System