

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 09 121 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	5:15	#1 well	1.20	
2	5:00	#1 well	1.24	
3	3:00	#1 well	1.34	
4	6:00	#1 well	1.19	
5	8:00	#1 well	1.16	
6	7:00	#1 well	1.16	
7	9:00	#1 well	1.21	
8	5:00	#1 well	1.22	
9	4:30	#1 well	1.30	
10	4:30	#1 well	1.26	
11	5:00	#1 well	1.32	
12	5:15	#1 well	1.21	
13	6:30	#1 well	1.22	
14	2:00	#1 well	1.20	
15	12:00	#1 well	1.18	
16	7:00	#1 well	1.20	
17	7:00	#1 well	1.17	
18	6:30	#1 well	1.12	
19	5:15	#1 well	1.14	
20	5:30	#1 well	1.20	
21	10:00	#1 well	1.18	
22	11:00	#1 well	1.20	
23	6:15	#1 well	1.22	
24	7:00	#1 well	1.46	
25	6:00	#1 well	1.34	
26	6:45	#1 well	1.27	
27	7:10	#1 well	1.38	
28	7:00	#1 well	1.40	
29	6:00	#1 well	1.41	
30	6:30	#1 well	1.40	
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>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: Steven Krupicka Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 899-7189 OR
 Date: 10/03/21 Small Groundwater System

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