

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

System Name Mckee Bridge M.H.P. PWS ID# 4101165
 Month/Year 01/22 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 | 7:30 | #1 well | 1.36 | |
| 2 | 6:30 | #1 well | 1.40 | |
| 3 | 5:30 | #1 well | 1.19 | |
| 4 | 1:30 | #1 well | 1.36 | |
| 5 | 12:30 | #1 well | 1.24 | |
| 6 | 6:00 | #1 well | 1.36 | |
| 7 | 8:30 | #1 well | 1.46 | |
| 8 | 6:30 | #1 well | 1.56 | |
| 9 | 4:00 | #1 well | 1.67 | |
| 10 | 1:00 | #1 well | 1.69 | |
| 11 | 2:30 | #1 well | 1.67 | |
| 12 | 12:30 | #1 well | 1.88 | |
| 13 | 10:00 | #1 well | 1.89 | |
| 14 | 11:00 | #1 well | 1.73 | |
| 15 | 1:00 | #2 well | 1.69 | |
| 16 | 12:00 | #1 well | 1.67 | |
| 17 | 9:00 | #1 well | 1.66 | |
| 18 | 8:30 | #1 well | 1.74 | |
| 19 | 8:50 | #1 well | 1.56 | |
| 20 | 9:00 | #1 well | 1.63 | |
| 21 | 1:10 | #1 well | 1.21 | |
| 22 | 12:30 | #1 well | 1.34 | |
| 23 | 6:30 | #1 well | 1.19 | |
| 24 | 8:00 | #1 well | 1.23 | |
| 25 | 3:00 | #1 well | 1.11 | |
| 26 | 7:30 | #1 well | 1.21 | |
| 27 | 7:00 | #1 well | 1.70 | |
| 28 | 8:30 | #1 well | 1.69 | |
| 29 | 1:00 | #1 well | 1.37 | |
| 30 | 12:30 | #1 well | 1.65 | |
| 31 | 9:00 | #1 well | 1.66 | |

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>Date continuous monitoring equipment failed: / /</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>Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p> |
|--|--|

Printed Name: Steven Krupicka Title: _____ Operator Certification #: _____
 Signature: Steven Krupicka Phone #: (541) 899-7189 OR
 Date: 02/03/22 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.