

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 02/22 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	12:00	#1 well	1.58	
2	9:50	#1 well	1.60	
3	8:00	#1 well	1.76	
4	7:40	#1 well	1.85	
5	10:30	#1 well	2.50	
6	9:50	#1 well	2.39	
7	9:00	#1 well	1.72	
8	10:30	#1 well	1.75	
9	2:00	#1 well	1.80	
10	7:00	#1 well	1.56	
11	9:00	#1 well	1.21	
12	8:60	#1 well	1.72	
13	10:30	#1 well	1.69	
14	9:50	#1 well	1.04	
15	12:30	#1 well	1.74	
16	10:30	#1 well	1.88	
17	12:05	#1 well	1.90	
18	9:45	#1 well	2.21	
19	11:00	#1 well	1.92	
20	12:30	#1 well	1.86	
21	1:30	#1 well	1.74	
22	1:00	#1 well	1.54	
23	8:30	#1 well	1.26	
24	11:30	#1 well	1.17	
25	2:00	#1 well	1.22	
26	11:15	#1 well	1.31	
27	2:30	#1 well	1.54	
28	12:00	#1 well	1.71	
29				
30				
31				

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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Steve Krupicka Title: _____ Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 899-7189 OR
 Date: 3 / 7 / 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.