

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 03 122 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	4:05	#1 well	1.56	
2	8:35	#1 well	1.62	
3	10:15	#1 well	1.68	
4	9:30	#1 well	1.38	
5	1:30	#1 well	1.54	
6	10:05	#1 well	1.56	
7	1:30	#1 well	1.78	
8	6:55	#1 well	1.67	
9	5:10	#1 well	1.98	
10	8:30	#1 well	1.76	
11	9:30	#1 well	1.81	
12	8:10	#1 well	1.96	
13	4:30	#1 well	2.10	
14	2:30	#1 well	1.62	
15	2:00	#1 well	1.19	
16	9:30	#1 well	1.32	
17	10:00	#1 well	1.38	
18	2:00	#1 well	1.26	
19	11:00	#1 well	1.23	
20	2:00	#1 well	1.19	
21	1:00	#1 well	1.31	
22	10:00	#1 well	1.19	
23	3:00	#1 well	1.16	
24	9:30	#1 well	1.18	
25	8:40	#1 well	1.37	
26	5:30	#1 well	1.51	
27	9:10	#1 well	1.84	
28	8:10	#1 well	1.54	
29	6:00	#1 well	1.27	
30	11:30	#1 well	1.87	
31	2:00	#1 well	1.91	

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 fall 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) 899-7199 OR
 Date: 4/2/22 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.