

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 04/22 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	3:30	#1 WELL	1.12	
2	4:00	#1 well	1.17	
3	2:30	#1 well	1.39	
4	6:30	#1 well	1.17	
5	10:30	#1 well	1.26	
6	1:10	#1 well	1.18	
7	4:30	#1 well	1.21	
8	7:10	#1 well	1.28	
9	8:41	#1 well	1.49	
10	9:00	#1 well	1.41	
11	7:30	#1 well	1.69	
12	6:10	#1 well	1.49	
13	4:00	#1 well	1.51	
14	7:30	#1 well	1.39	
15	8:40	#1 well	1.46	
16	9:30	#1 well	1.40	
17	3:10	#1 well	1.31	
18	1:18	#1 well	1.19	
19	2:00	#1 well	1.20	
20	9:15	#1 well	1.26	
21	11:00	#1 well	1.20	
22	8:00	#1 well	1.20	
23	7:00	#1 well	1.20	
24	5:30	#1 WELL	1.35	
25	5:10	#1 well	1.30	
26	7:30	#1 well	1.30	
27	8:00	#1 well	1.30	
28	8:00	#1 well	1.40	
29	4:00	#1 well	1.25	
30	2:30	#1 well	1.20	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: Steven Krupicka Title: Water Tester Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 899-7189 OR  
 Date: 05/04/2022 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.