

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 *07/22* 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	5:20	#1 well	1.30	
2	6:15	#1 well	1.40	
3	7:10	#1 well	1.50	
4	1:30	#1 well	1.40	
5	5:15	#1 well	1.55	
6	5:05	#1 well	1.60	
7	11:30	#1 well	1.80	
8	6:00	#1 well	1.80	
9	5:30	#1 well	1.65	
10	1:30	#1 well	1.85	
11	8:00	#1 well	1.70	
12	7:30	#1 well	1.70	
13	9:00	#1 well	1.70	
14	8:00	#1 well	1.65	
15	5:45	#1 well	1.55	
16	7:15	#1 well	1.60	
17	9:00	#1 well	1.90	
18	2:00	#1 well	1.85	
19	3:15	#1 well	1.90	
20	1:00	#1 well	1.80	
21	2:30	#1 well	1.80	
22	4:30	#1 well	1.75	
23	6:00	#1 well	1.40	
24	12:30	#1 well	1.60	
25	5:15	#1 well	1.80	
26	8:05	#1 well	1.35	
27	1:30	#1 well	1.40	
28	11:10	#1 well	1.45	
29	12:15	#1 well	1.60	
30	5:00	#1 well	1.40	
31	8:00	#1 well	1.30	

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: *Steve Krupicka* Title: *water tester* Operator Certification #: \_\_\_\_\_  
 Signature: *Steve Krupicka* Phone #: *(541) 899-7189* OR  
 Date: *08/1/22* Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dnce@state.or.us](mailto:dwp.dnce@state.or.us); fax 971-673-0694;

or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.