

Monthly Disinfection Report for Ground Water Systems

System Name *McKee Bridge MHP* PWS ID# *4101165*
 Month/Year *09/22* 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	6:10	#1 well	2.00	
2	7:00	#1 well	1.90	
3	4:00	#1 well	2.00	
4	7:30	#1 well	1.95	
5	5:00	#1 well	1.80	
6	6:30	#1 well	1.85	
7	5:30	#1 well	1.75	
8	6:45	#1 well	1.95	
9	4:30	#1 well	1.90	
10	10:30	#1 well	1.95	
11	8:00	#1 well	2.10	
12	5:00	#1 well	1.90	
13	6:00	#1 well	1.90	
14	1:00	#1 well	2.10	
15	8:00	#1 well	2.00	
16	6:45	#1 well	2.50	
17	11:30	#1 well	1.95	
18	3:00	#1 well	1.90	
19	5:00	#1 well	1.85	
20	6:30	#1 well	1.80	
21	8:30	#1 well	1.80	
22	6:00	#1 well	1.80	
23	7:30	#1 well	1.90	
24	5:30	#1 well	1.90	
25	6:30	#1 well	1.90	
26	1:15	#1 well	1.90	
27	7:30	#1 well	1.90	
28	6:30	#1 well	1.90	
29	9:00	#1 well	1.80	
30	6:00	#1 well	1.90	
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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: *Steven Krupicka* Title: *water tester* Operator Certification #: _____
 Signature: *Steven Krupicka* Phone #: () _____ OR
 Date: *10/10/2022* 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.