

Monthly Disinfection Report for Ground Water Systems

System Name *McKee Bridge M.H.P.*

PWS ID# *4101165*

Month/Year *10 122* Entry Point:

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	6:00	#1 well	.60	
2	11:00	#1 well	.60	
3	8:00	#1 well	.60	
4	9:30	#1 well	.80	
5	5:30	#1 well	.50	
6	6:30	#1 well	.50	
7	4:30	#1 well	0.00	contact mark
8	6:30	#1 well	0.00	511-210-2984
9	5:05	#1 well	0.00	
10	6:00	#1 well	0.00	
11	7:00	#1 well	0.00	
12	3:30	#1 well	0.00	
13	8:00	#1 well	0.00	
14	6:00	#1 well	0.00	
15	7:00	#1 well	0.00	
16	8:00	#1 well	0.00	
17	7:30	#1 well	0.00	
18	5:40	#1 well	0.00	
19	6:00	#1 well	0.00	
20	8:06	#1 well	0.00	
21	5:30	#1 well	0.00	
22	6:05	#1 well	0.00	
23	7:15	#1 well	0.00	
24	4:00	#1 well	0.00	
25	5:00	#1 well	0.00	
26	6:30	#1 well	0.00	
27	10:00	#1 well	0.00	
28	9:00	#1 well	0.00	
29	3:00	#1 well	0.00	
30	2:30	#1 well	0.00	
31	6:00	#1 well	0.00	

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: _____ Title: *water tester* Operator Certification #: _____
 Signature: *Steve Kumpke* Phone #: *(541) 210-2984* OR
 Date: *11/05/22* *541 951-8961* Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; Services, PO Box 14350, Portland, OR 97293-0350.