

Monthly Disinfection Report for Ground Water Systems

System Name *Mckee Bridge M.H.#* PWS ID# *4101165*
 Month/Year *01 12023* 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	3:32	#1 well	.0	
2	3:58	#1 well	.0	
3	2:33	#1 well	.0	
4	6:36	#1 well	.0	
5	10:36	#1 well	.0	
6	1:15	#1 well	.0	
7	4:32	#1 well	.0	
8	7:08	#1 well	.0	
9	8:46	#1 well	.0	
10	9:07	#1 well	.0	
11	7:31	#1 well	.0	
12	5:50	#1 well	.0	
13	3:57	#1 well	.0	
14	6:32	#1 well	.0	
15	8:42	#1 well	.0	
16	8:27	#1 well	.0	<i>Contact Mark 541-210-2984</i>
17	2:09	#1 well	.0	
18	12:18	#1 well	.0	
19	2:28	#1 well	.0	
20	8:15	#1 well	.0	
21	10:16	#1 well	.0	
22	7:00	#1 well	.0	
23	6:58	#1 well	.0	
24	5:15	#1 well	.0	
25	4:12	#1 well	.0	
26	6:20	#1 well	.0	
27	7:27	#1 well	.0	
28	8:30	#1 well	.0	
29	4:00	#1 well	.0	
30	2:25	#1 well	.0	
31	1:10	#1 well	.0	

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FEB 07 2023

Certification
Drinking Water Services

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: *Steve Krupicka* Title: *water tester* Operator Certification #: _____
 Signature: *Steve Krupicka* Phone #: *(541) 210 2984* OR
 Date: *02106123* *541 951 3901* 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.