

State of Oregon Drinking Water Program
 Monthly Disinfection Report for Ground Water Systems

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

PWS ID# 4101165

Month/Year *02 / 2023* Entry Point:

Required Minimum Residual *50* mg/L Certification Drinking Water Services

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	4:00	#1 well	0	
2	3:30	#1 well	0	
3	6:30	#1 well	0	
4	2:30	#1 well	0	
5	10:30	#1 WELL	0	
6	4:30	#1 WELL	0	
7	7:10	#1 well	0	
8	1:30	#1 WELL	0	
9	9:00	#1 well	0	
10	8:40	#1 well	0	
11	6:10	#1 WELL	0	
12	7:30	#1 well	0	
13	7:38	#1 well	0	
14	4:00	#1 well	0	
15	3:10	#1 well	0	CONTACT Mark 541-210-2984
16	9:30	#1 well	0	
17	7:00	#1 well	0	
18	3:10	#1 well	0	
19	11:00	#1 well	0	
20	1:18	#1 well	0	
21	2:00	#1 well	0	
22	5:30	#1 well	0	
23	7:00	#1 well	0	
24	5:10	#1 well	0	
25	7:20	#1 well	0	
26	8:30	#1 well	0	
27	4:00	#1 well	0	
28	2:30	#1 WELL	0	
29				
30				
31				

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? Yes No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /
 Date it was returned to service:
 / /

Printed Name: *Steve Krupicka*

Title: *Water Tester*

Operator Certification #:

Signature: *Steve Krupicka*

Phone #: *(541) 210 2984*

OR

Date: *03 10 6 23*

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