

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 06/2023 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	6:30	#1 well	0.50	
2	5:30	#1 well	0.50	
3	7:10	#1 well	0.50	
4	11:00	#1 well	0.50	
5	1:00	#1 well	0.50	
6	5:15	#1 well	0.50	
7	5:50	#1 well	0.60	
8	11:10	#1 well	0.50	
9	11:30	#1 well	0.60	
10	6:00	#1 well	0.60	
11	5:30	#1 well	0.60	
12	1:30	#1 well	0.60	
13	8:00	#1 well	0.60	
14	7:30	#1 well	0.60	Contact Mark
15	9:00	#1 well	0.50	541-210-2984
16	8:00	#1 well	0.60	
17	7:15	#1 well	0.60	
18	9:00	#1 well	0.60	
19	2:00	#1 well	0.60	
20	4:30	#1 well	0.60	
21	7:10	#1 well	0.60	
22	5:15	#1 well	0.60	
23	6:00	#1 well	0.60	
24	4:45	#1 well	0.60	
25	8:30	#1 well	0.60	
26	8:00	#1 well	0.60	
27	5:30	#1 well	0.60	
28	6:05	#1 well	0.60	
29	7:15	#1 well	0.60	
30	6:30	#1 well	0.60	
31				

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>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>
--	--	---

Printed Name: Steve Kropicka Title: water tester Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 210-2984 OR
 Date: 07/03/23 541 951-3901 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694;

Received Time Jul. 3, 2023 11:47AM No. 9641 lces, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019