

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

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

PWS ID# *4101105*

Month/Year *10 / 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	3:30	#1 well	0.5	
2	4:00	#1 well	0.5	
3	2:35	#1 well	0.5	
4	6:30	#1 well	0.5	
5	10:30	#1 well	0.5	
6	6:30	#1 well	0.5	
7	4:00	#1 well	0.5	
8	7:00	#1 well	0.5	
9	8:40	#1 well	0.5	
10	9:00	#1 well	0.5	
11	5:15	#1 well	0.5	
12	5:00	#1 well	0.5	
13	6:10	#1 well	0.5	
14	7:00	#1 well	0.5	
15	6:30	#1 well	0.5	
16	8:30	#1 well	0.5	
17	2:10	#1 well	0.5	
18	1:10	#1 well	0.6	
19	1:00	#1 well	0.6	
20	8:15	#1 well	0.6	
21	9:30	#1 well	0.5	
22	10:00	#1 well	0.5	
23	7:00	#1 well	0.5	
24	7:10	#1 well	0.6	
25	6:00	#1 well	0.5	
26	5:15	#1 well	0.5	
27	7:05	#1 well	0.5	
28	2:10	#1 well	0.5	
29	1:30	#1 well	0.5	
30	8:00	#1 well	0.5	
31	11:30	#1 well	0.5	

Contact Mark
541-210-2984

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 #: *(541) 210-2994* OR
 Date: *11/03/23* *541 951-3901* Small Groundwater System

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

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ices, PO Box 14350, Portland, OR 97223-0350.

August 22, 2019