

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

System Name Mckee Bridge M.H.M PWS ID# 4101165  
 Month/Year 04 / 2024 Entry Point: MAY 0 8 2024 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	8:00	#1 well	0.5	
2	9:30	#1 well	0.5	
3	7:30	#1 well	0.5	
4	8:20	#1 well	0.5	
5	2:15	#1 well	0.6	
6	1:30	#1 well	0.5	
7	6:10	#1 well	0.5	
8	5:30	#1 well	0.5	
9	6:00	#1 well	0.7	
10	8:10	#1 well	0.8	
11	7:55	#1 well	0.7	
12	2:10	#1 well	0.7	
13	3:15	#1 well	0.7	
14	5:05	#1 well	0.6	Contact Mark 541-210-2984
15	5:30	#1 well	0.6	
16	6:15	#1 well	0.5	
17	4:45	#1 well	0.6	
18	7:10	#1 well	0.6	
19	9:30	#1 well	0.6	
20	10:10	#1 well	0.5	
21	9:00	#1 well	0.6	
22	7:35	#1 well	0.5	
23	1:20	#1 well	0.5	
24	3:30	#1 well	0.5	
25	6:05	#1 well	0.5	
26		#1 well		
27	9:30	#1 well	0.6	Chris 1st test
28	9:00	#1 well	1.0	
29	4:30	#1 well	0.9	
30	4:15	#1 well	1.2	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 2984 OR \_\_\_\_\_  
 Date: 05 / 1 / 2024 541 951 3901 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dlwp.dmce@state.or.us](mailto:dlwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.