

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

System Name McKee Bridge M.H.M.

PWS ID# 41 01165

Month/Year 05 / 24 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	5:00pm	#1 well	1.0	
2	4:30pm	#1 well	0.80	
3	5:00	#1 well	.80	
4	9:45 am	#1 well	.80	
5	3:00pm	#1 well	.6	
6	5:00 pm	#1 well	.6	
7	7:45pm	#1 well	.6	
8	8:12	#1 well	.6	
9	5:15pm	#1 well	.8	
10	6:15pm	#1 well	.9	
11	5:20pm	#1 well	.6	
12	6:15pm	#1 well	.6	
13	7:30 pm	#1 well	.5	
14	5:20pm	#1 well	.6	
15	5:15 pm	same well #1	.5	
16	7:00 pm		.6	
17	7:15		.6	
18	1:30		.6	
19	4:20		.6	
20	3:00		.5	
21	7:00pm		.6	
22	8:10pm		.8	
23	9:30am		.6	
24	10:am		.7	
25	9 am		.5	
26	4pm		.5	
27	5:00pm		.8	
28	8:00pm		.8	
29	7:00		.6	
30	5:50		.6	
31	7:00pm		.5	

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.

GWS Serving 3,300 or Fewer 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.		Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Printed Name: <u>Chois Munoz</u> Signature: <u>[Signature]</u> Date: / /	Title: <u>water tester</u> Phone #: <u>(541) 899-3208</u>	Operator Certification #: _____ OR Small Groundwater System <input type="checkbox"/>		

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.