

**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 06 / 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	2:00 pm	#1 well	.5	
2	2:00 pm		.8	
3	6:30 pm		.1	
4	7:30 pm		.8	
5	8:30 pm		.9	
6	7:30 pm		.6	
7	9:0 pm		.6	
8	1:30 pm		.6	
9	8:55 pm		.5	
10	7:10 pm		.5	
11	8:45 pm		.7	
12	6:00 pm		.6	
13	7:00 pm		.5	
14	8:00 pm		.8	
15	9:00 pm		.6	
16	6:00 pm		.5	
17	4:30 pm		.6	
18	7:00 pm		.8	
19	5:30 pm		.5	
20	5 pm		.5	
21	6:0 pm		.5	
22	9:30 am		.5	
23	4:00 pm		.5	
24	5:30 pm		.6	
25	6:00 pm		.6	
26	7:45 pm		.7	
27	10:41		.6	
28	4:30 pm		.8	
29	6:30		.8	
30	4:20 pm		.6	
31	7:20 pm		.6	

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: Chois Munoz Title: water tester Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 899-3208 OR
 Date: / / Small Groundwater System

Return by 10th of following month by either email dpw.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.