

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

REC'D JAN 05 2025

System Name McKee Bridge M.H.M.

PWS ID# 41 01165

Month/Year 12/24 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	7:00		8	
2	8:00		8	
3	9:00		6	
4	7:00		8	
5	7:00		8	
6	4:30		8	
7	9:00		8	
8	12:00		7	
9	2:00		8	
10	8:00		6	
11	7:00		6	
12	5:00		6	
13	4:00		8	
14	6:00		8	
15	4:00		8	
16	5:00		6	
17	5:00		8	
18	5:00		6	
19	3:00		8	
20	5:00		8	
21	5:00		8	
22	6:00		6	
23	12:00		6	
24	8:00		5	
25	8:00		6	christmas
26	5:00		6	
27	7:00		6	
28	12:00		8	
29	10:00		6	
30	9:00		6	
31	4:30		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.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required? ☐ Yes ☐ 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? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Chois Munoz

Title: water tester

Operator Certification #:

Signature: [Signature]

Phone #: (541) 899-3208

OR

Date: / /

Small Groundwater System ☐

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

August 22, 2019