

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

System Name McKee Bridge M.H.P. PWS ID# 41 0116.5
 Month/Year 01/21 Entry Point: Pump House 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	1st TAP	2.10	
2	8:10	1st TAP	2.10	
3	7:00	1st TAP	1.90	
4	6:20	1st TAP	2.00	
5	10:00	1st TAP	2.10	
6	11:15	1st TAP	2.00	
7	6:50	1st TAP	1.95	
8	7:00	1st TAP	1.90	
9	6:00	1st TAP	1.90	
10	10:00	1st TAP	2.00	
11	9:00	1st TAP	1.87	
12	5:40	1st TAP	1.75	
13	8:40	1st TAP	1.90	
14	6:30	1st TAP	1.86	
15	7:10	1st TAP	1.77	
16	8:00	1st TAP	1.80	
17	4:00	1st TAP	1.92	
18	2:00	1st TAP	2.00	
19	5:45	1st TAP	2.10	
20	7:10	1st TAP	1.90	
21	8:30	1st TAP	1.90	
22	6:40	1st TAP	1.82	
23	5:30	1st TAP	1.80	
24	5:00	1st TAP	1.85	
25	4:50	1st TAP	1.77	
26	2:30	1st TAP	1.72	
27	3:00	1st TAP	2.00	
28	1:00	1st TAP	1.90	
29	4:00	1st TAP	1.90	
30	4:30	1st TAP	1.54	
31	6:00	1st TAP	1.67	

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: _____/_____/_____ Date it was returned to service: _____/_____/_____</p>	

Printed Name: Steve Krupke Title: _____ Operator Certification #: _____
 Signature: Steve Krupke Phone #: (503) 899-7187
 Date: 2/8/21 OR
 Small Groundwater System