

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

System Name McKee Bridge M.H.P. PWS ID# 41 01165  
 Month/Year 04/21 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	5:20	#1 well	2.10	
2	6:40	1 well	2.00	
3	6:00	#1 well	1.95	
4	10:00	#1 well	2.06	
5	9:18	#1 well	2.20	
6	6:25	#1 WELL	2.18	
7	7:00	#1 well	1.97	
8	7:05	#1 well	1.92	
9	5:40	#1 well	1.98	
10	7:30	#1 well	2.01	
11	6:10	#1 WELL	2.06	
12	7:10	#1 well	1.79	
13	8:30	#1 well	1.82	
14	7:00	#1 Well	1.86	
15	6:00	#1 WELL	1.87	
16	6:15	#1 well	1.37	
17	5:00	#1 well	1.27	
18	5:50	#1 well	1.50	
19	9:00	#1 well	1.46	
20	6:30	#1 well	1.95	
21	8:00	#1 well	1.76	
22	5:40	#1 well	1.46	
23	7:10	#1 well	1.39	
24	6:00	#1 WELL	1.44	
25	5:30	#1 Well	1.62	
26	4:30	#1 well	1.67	
27	7:12	#1 well	1.87	
28	5:45	#1 well	1.95	
29	6:00	#1 well	1.92	
30	7:45	#1 well	2.05	
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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><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 Kropicka Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: Steven Kropicka Phone #: (541) 899-7189 OR  
 Date: 05/09/21 Small Groundwater System