

**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 *07/21* Entry Point: *WELL*

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	1.96	
2	6:30	#1 well	1.96	
3	11:00	#1 well	1.72	
4	3:30	#1 well	1.72	
5	6:00	#1 well	1.72	
6	7:30	#1 well	1.56	
7	5:15	#1 well	1.56	
8	7:20	#1 well	1.56	
9	5:10	#1 well	1.28	
10	5:40	#1 well	1.32	
11	5:45	#1 well	1.28	
12	6:00	#1 well	1.28	
13	7:00	#1 well	1.17	
14	8:30	#1 well	1.19	
15	9:00	#1 well	1.00	
16	10:00	#1 well	1.09	
17	10:30	#1 well	1.00	
18	11:00	#1 well	1.40	
19	8:42	#1 well	1.36	
20	7:15	#1 well	1.42	
21	6:00	#1 well	1.38	
22	7:00	#1 well	1.56	
23	5:15	#1 well	1.48	
24	5:40	#1 well	1.48	
25	6:45	#1 well	1.40	
26	5:40	#1 well	1.40	
27	6:40	#1 well	1.32	
28	4:38	#1 well	1.46	
29	5:20	#1 well	1.36	
30	5:10	#1 well	1.38	
31	8:00	#1 well	1.21	

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>
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Printed Name: *Steven Krupicka* Title: _____ Operator Certification #: _____
 Signature: *Steven Krupicka* Phone #: (541) 899-7189 OR
 Date: *08/09/2021* Small Groundwater System

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.