

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

System Name *McKee Bridge M.H.P.* PWS ID# *4101165*
Month/Year *11/21* Entry Point: *Well 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	5:15	#1 well	1.80	
2	5:10	#1 well	1.86	
3	4:00	#1 well	1.93	
4	4:45	#1 well	1.56	
5	7:00	#1 well	1.60	
6	6:00	#1 well	1.73	
7	5:20	#1 well	1.81	
8	6:10	#1 well	1.65	
9	6:00	#1 well	1.17	
10	7:00	#1 well	1.43	
11	7:00	1 well	1.36	
12	9:00	# well	1.30	
13	12:30	#1 well	1.21	
14	2:30	#1 well	1.12	
15	6:30	#1 well	1.19	
16	7:00	#1 well	1.41	
17	8:00	#1 well	1.64	
18	5:30	#1 well	1.57	
19	8:30	#1 well	1.42	
20	5:40	#1 well	1.59	
21	7:10	#1 well	1.30	
22	8:07	#1 well	1.61	
23	7:30	#1 well	1.58	
24	6:20	#1 well	1.57	
25	1:06	#1 well	1.67	
26	6:45	#1 well	1.60	
27	5:10	#1 well	1.67	
28	5:40	#1 well	1.58	
29	6:30	#1 well	1.61	
30	7:00	#1 well	1.52	
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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>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 fall 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 Karpicka* Title: _____ Operator Certification #: _____
Signature: *Steven Karpicka* Phone #: *(541) 899-7189* OR
Date: *12/2/21* 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.