

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 12/21 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    | 5:50 | #1 well          | 1.49   |       |
| 2    | 6:30 | #1 well          | 1.49   |       |
| 3    | 7:10 | #1 well          | 1.62   |       |
| 4    | 1:30 | #1 well          | 1.59   |       |
| 5    | 6:05 | #1 well          | 1.37   |       |
| 6    | 6:00 | #1 well          | 1.31   |       |
| 7    | 7:25 | #1 well          | 1.31   |       |
| 8    | 5:40 | #1 well          | 1.36   |       |
| 9    | 7:50 | #1 well          | 1.40   |       |
| 10   | 9:25 | #1 well          | 1.42   |       |
| 11   | 6:35 | #1 well          | 1.32   |       |
| 12   | 5:25 | #1 well          | 1.32   |       |
| 13   | 5:15 | #1 well          | 1.42   |       |
| 14   | 5:20 | #1 well          | 1.42   |       |
| 15   | 8:55 | #1 well          | 1.47   |       |
| 16   | 7:05 | #1 well          | 1.47   |       |
| 17   | 6:45 | #1 well          | 1.48   |       |
| 18   | 7:05 | #1 well          | 1.47   |       |
| 19   | 7:00 | #1 well          | 1.36   |       |
| 20   | 7:00 | #1 well          | 1.57   |       |
| 21   | 8:05 | #1 well          | 1.61   |       |
| 22   | 7:05 | #1 well          | 1.42   |       |
| 23   | 8:10 | #1 well          | 1.59   |       |
| 24   | 7:00 | #1 well          | 1.39   |       |
| 25   | 8:00 | #1 well          | 1.41   |       |
| 26   | 4:45 | #1 well          | 1.38   |       |
| 27   | 5:00 | #1 well          | 1.47   |       |
| 28   | 6:00 | #1 well          | 1.57   |       |
| 29   | 6:00 | #1 well          | 1.59   |       |
| 30   | 7:30 | #1 well          | 1.29   |       |
| 31   | 6:40 | #1 well          | 1.50   |       |

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>  |  |

Printed Name: Steven Krupka Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 899-7189 OR  
 Date: 01/03/22 Small Groundwater System

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