

Monthly Disinfection Report for Ground Water Systems

System Name *McKee Bridge M.H.P.* PWS ID# *4101165*  
 Month/Year *08/22* 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	4:30	#1 well	1.20	
2	11:30	#1 well	2.20	
3	5:00	#1 well	2.20	
4	6:00	#1 well	2.30	
5	9:00	#1 well	2.50	
6	11:00	#1 well	2.00	
7	11:30	#1 well	1.80	
8	10:00	#1 well	1.65	
9	9:30	#1 well	1.70	
10	9:00	#1 well	1.60	
11	4:00	#1 well	1.55	
12	6:10	#1 well	1.80	
13	8:00	#1 well	1.70	
14	10:00	#1 well	1.65	
15	4:30	#1 well	1.80	
16	6:00	#1 well	1.90	
17	5:00	#1 well	1.80	
18	6:00	#1 well	1.60	
19	8:30	#1 well	1.50	
20	6:00	#1 well	1.50	
21	12:00	#1 well	1.60	
22	9:00	#1 well	1.45	
23	10:10	#1 well	1.50	
24	6:00	#1 well	1.70	
25	6:30	#1 well	1.80	
26	5:00	#1 well	1.70	
27	11:00	#1 well	1.60	
28	9:30	#1 well	1.80	
29	5:30	#1 well	2.00	
30	6:10	#1 well	1.90	
31	5:00	#1 well	2.00	

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 Krupicka* Title: *water tester* Operator Certification #: \_\_\_\_\_  
 Signature: *Steven Krupicka* Phone #: *(541) 899-7189* OR  
 Date: *09/02/2022* Small Groundwater System

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