

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

System Name McKenzie Bridge M.A.P.

PWS ID# 4101165

Month/Year 5/25 Entry Point: Pump #1

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	7:30		.6	
2	6:30		.5	
3	7:00 pm		.5	
4	7:00		.6	
5	6:30		.6	
6	6:30		.5	
7	7:00		.5	
8	7:00		.5	
9	6:00		.6	
10	5:30		.4	
11	7:00		.5	
12	7:00		.5	
13	5:30		.6	
14	6:00		.5	
15	6:45		.8	
16	7:00		.6	
17	8:30		.6	
18	6:00		.6	
19	7:30		.8	
20	7:00		.6	
21	6:30		.5	
22	6:00		.5	
23	5:00		.6	
24	6:30		.5	
25	6:30		.5	
26	4:00		.4	
27	7:00		.4	
28	7:30		.4	
29	6:00		.5	
30	6:00		.5	
31	5:30		.5	

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.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____

Date it was returned to service: _____

Printed Name: Chris Munoz

Title: Water tester

Operator Certification #:

Signature: _____

Phone #: (541) 899-3208

OR

Date: 5/31/25

Small Groundwater System ☐

Return by 10th of following month by either email dwpmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019