System Name McKenzie Bridge Mobile Home Park PWS ID# 41 01165

Month/Year 8 / 2025 Entry Point: well house / home Required Minimum Residual mg/L

| Date | Time | Source(s) in use (well house) | Lowest free chlorine residual at entry point to distribution system (mg/L) well | (home) | Notes |
|---|---|---|---|---|---|
| 1 | 4:00 | | .6 | .5 | |
| 2 | 5:00 | | .6 | .6 | |
| 3 | 9:00 | | .6 | .6 | |
| 4 | 5:30 | | .6 | .6 | |
| 5 | 8:00 | | .6 | .6 | |
| 6 | 6:00 | | .6 | .6 | |
| 7 | 5:30 | | .6 | .6 | |
| 8 | 6:00 | | .5 | .6 | |
| 9 | 12:00 | | .4 | .6 | |
| 10 | 6:00 | | .4 | .5 | |
| 11 | 6:30 | | .5 | .5 | |
| 12 | 7:00 | | .4 | .5 | |
| 13 | | N/A - No water - Replacing well pump | | | |
| 14 | 7:00 | | .4 | .4 | |
| 15 | 6:30 | | .4 | .5 | |
| 16 | 7:20 | | .4 | .5 | |
| 17 | 5:00 | | .4 | .5 | |
| 18 | 5:00 | | .2 | .4 | |
| 19 | 5:30 | | .2 | .2 | |
| 20 | 6:30 | | .0 | .0 | |
| 21 | 7:00 | | .0 | .0 | |
| 22 | 3:00 | in house/6:30 well | .0 | .0 | woke up @ 4:30 am & 22:25 water was out - We reset DPT - water resumed |
| 23 | 6:00 | | .0 | .0 | |
| 24 | 8:00 | | .0 | .2 | |
| 25 | 7:00 | | .2 | 1.4 | |
| 26 | 5:30 | | .5 | 1.6 | Tanks were full |
| 27 | 6:00 | | .4 | 1.4 | |
| 28 | 6:30 | | .4 | 1.4 | DPT has had to be reset around Lex |
| 29 | 7:00 | | 1.6 | 2.0 | |
| 30 | 8:00 | | 1 | 1.4 | |
| 31 | 4:30 | | 1.2 | 1.4 | last time was 8:25 |

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. No notification occurred. I'm working to get onsite testers to be trained on their responsibilities

**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: Angela Wilson Title: Water tester

Signature: Phone #: (541) 899-3208

Date: 8/26/25 Robert C. Jones, DRC

Operator Certification #:

OR

Small Groundwater System ☒

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

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September 9, 2025

OHA/DWS

RE: Reporting for daily chlorine monitoring requirements

To Whom it my Concern, Attached are the daily chlorine residual monitoring reports for McKee Bridge MHP, OR41-01165 for July and August. A new treatment system began installation in Mid-June and due to several issues was not completed until the last week of July. The new treatment system is designed to treat for Arsenic and be able to maintain a chlorine residual. During the entire time of installation of a temporary water system and the installation of the new permanent water system. The residents were informed to not use water for drinking and or cooking and drinking water was provided by the owner.

I took over as the DRC just before all this work. I will be working with the new onsite monitors to get them trained on responsibilities of the chlorine residual monitoring and reporting and to notify me when residual goes below the required minimum. We also had problems with the new system and getting it to work properly. I think we are getting close, but again. The residents are still being provided with bottled drinking water for drinking and cooking, etc.

If you have any questions for me, please don't hesitate to contact me. I would appreciate a name and contact information for this requirement. Someone I can discuss with. Thanks.

Respectfully,

Bob Jones, DRC