

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

System Name <u>McKee Bridge Mobile Home Park</u>		PWS ID# <u>41 01165</u>	
Month/Year <u>9 1 2025</u>	Entry Point: <u>well house / Home</u>	Required Minimum Residual	mg/L

  

Date	Time	Source(s) in use <span style="margin-left: 20px;"><u>well</u></span>	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes <span style="margin-left: 20px;"><u>Home</u></span>
1	5:00		1.2   1.4	
2	5:30		1.2   1.4	
3	7:00		.2   1.4	← Today Well House
4	5:30		.4   1.0	was considerably
5	8:00		.5   .9	different from
6	5:30		.5   .9	the last few
7	8:00		.5   .8	* 8pm water *
8	6:30		.5   .8	off
9	5:00		.5   .8	Reset D.P.T.
10	5:30		.4   .8	
11	6:30		.2   .6	* Reset D.P.T on *
12	8:00		.4   .6	9-7-25
13	4:00		.4   .6	@ around 11:30
14	3:00		.4   .6	<u>am</u>
15	5:00		.4   .6	
16	6:00		.4   .6	* Reset D.P.T on
17	6:00		.2   .6	9-21-25 @
18	6:30		.4   .6	around 3pm
19	7:00		.4   .6	
20	4:00		.4   .6	* 9-26-25 Noticed
21	3:00		.2   .6	leak in water
22	6:00		.2   .6	house
23	5:30		.2   .6	
24	6:00		.2   .5	
25	7:00		.3   .4	
26	6:30		.5   .4	
27	7:30		.5   .5	
28	7:00		.5   .6	
29	5:00		.5   .8	
30	6:30		.6   .8	
31				

  

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> <div style="display: flex;"> <div style="flex: 1;"> <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> </div> <div style="flex: 1;"> <p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p> </div> </div>
--	--

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.