


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

System Name McKee Bridge Mobile Home Park PWS ID# 41 01165
 Month/Year 10 2025 Entry Point: well house/home Required Minimum Residual  mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | | Notes |
|------|-------|--|--|-----|------------------------|
| 1 | 5:30 | We are working to get Chlorine residual lowered. | 1.8 | 1.2 | * Reset D.P.T on |
| 2 | 6:00 | | 1.0 | 1.2 | 10-23-25 @ around |
| 3 | 5:30 | | 1.8 | 1.2 | 5:30 pm |
| 4 | 4:00 | | 2.0 | 2.4 | |
| 5 | 2:00 | | 2.0 | 2.4 | |
| 6 | 6:30 | | 2.0 | 2.4 | |
| 7 | 6:30 | | 2.0 | 2.4 | * Reset D.P.T on |
| 8 | 7:00 | | 1.8 | 2.8 | 10-24-25 @ |
| 9 | 7:30 | | 1.6 | 2.8 | around 5:00 pm |
| 10 | 6:00 | | 1.8 | 2.8 | |
| 11 | 6:00 | | 1.8 | 3.0 | |
| 12 | 6:00 | | 2.0 | 3.0 | |
| 13 | 4:00 | | 2.0 | 3.0 | * Reset D.P.T |
| 14 | 3:00 | | 1.8 | 3.0 | on 10-24-25 |
| 15 | 7:00 | | 2.2 | 3.0 | @ around |
| 16 | 6:00 | | 2.4 | 3.0 | 6 pm - |
| 17 | 7:00 | | 2.4 | 3.0 | off all day since |
| 18 | 5:00 | | 2.2 | 3.0 | 11 - per Residents |
| 19 | 12:00 | | 2.0 | 2.6 | |
| 20 | 6:30 | | 2.2 | 2.4 | |
| 21 | 5:00 | | 2.4 | 2.8 | * Reset D.P.T |
| 22 | 6:00 | | 2.4 | 3.0 | on 10-24-25 @ |
| 23 | 6:00 | | 2.4 | 2.8 | around 8:30 am |
| 24 | 6:00 | | 2.4 | 2.8 | * did not work - |
| 25 | 10:30 | | 2.4 | 2.6 | water stayed @ low |
| 26 | 9 Am | | 2.4 | 2.4 | pressure * Chris Beebe |
| 27 | 5:30 | | 3.4 | 3.4 | came from 4 hours |
| 28 | 6:00 | | 3.4 | 3.4 | away to make water |
| 29 | 6:00 | | 3.4 | 3.4 | work, since then read |
| 30 | 6:00 | | 3.4 | 3.4 | high readings on |
| 31 | 6:00 | | 3.4 | 3.4 | Samples |

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: Angela Wilson

Title: Water Tester

Operator Certification #:

Signature: Angela Wilson

Phone #: (541) 899-3208

OR

Date: 10 / 31 / 25

Robert C. Jones, DRC

Small Groundwater System ☒

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