

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 <input checked="" type="checkbox"/> mg/L
Date	Time	Source(s) in use	well	Lowest free chlorine residual at entry point to distribution system (mg/L)	Hand
1	5:30			0.8	1.2
2	6:00			1.0	1.2
3	5:30	We are working		1.8	1.2
4	4:00	to get Chlorine		2.0	2.4
5	2:00	residual lowered.		2.0	2.6
6	6:30			2.0	2.4
7	6:30			2.0	2.4
8	7:00			1.8	2.8
9	7:30			1.6	2.8
10	8:00			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
14	3:00			1.8	3.0
15	7:00			2.2	3.0
16	6:00			2.4	3.0
17	7:00			2.4	3.0
18	5:00			2.2	3.0
19	12:00			2.0	2.6
20	6:30			2.2	2.4
21	5:00			2.4	2.8
22	6:00			2.4	3.0
23	6:00			2.4	2.8
24	6:00			2.4	2.8
25	10:30			2.4	2.6
26	9 AM			2.4	2.4
27	5:30			3.4	3.4
28	6:00			3.4	3.4
29	6:00			3.4	3.4
30	6:00			3.4	3.4
31	6:00			3.4	3.4
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		GWS Serving More Than 3,300			
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		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date continuous monitoring equipment failed: / /	
Attach those results and submit them with this form.		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		Date it was returned to service: / /	
		Attach grab sample results and submit them with this form.			
Printed Name: <u>Angela Wilson</u>		Title: <u>Water tester</u>		Operator Certification #: <u>OR</u>	
Signature: <u>Angela Wilson</u>		Phone #: <u>541 1899 3208</u>		Small Groundwater System <input checked="" type="checkbox"/>	
Date: 10 / 31 / 25 Robert C. Jones, DRE					
Return by 10 <sup>th</sup> of following month by either email <a href="mailto:dwp.dmce@odhsoha.oregon.gov">dwp.dmce@odhsoha.oregon.gov</a> ; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.					