

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

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 DEC 09 2025  
 Certification Drinking Water Services

System Name Mckee Bridge Mobile Home PARK PWS ID# 41 01165  
 Month/Year 11 / 2025 Entry Point well house / Home Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	6:00		3.4	3.4	* Power outage @
2	11:30	* Power outage	3.4	3.4	around 12:30 water
3	2:00	* Chris Beebe	3.4	3.4	never came back on
4	5:30	Came to town	3.4	3.4	called Chris Beebe
5	5:30		3.0	3.4	for help @ 2pm
6	5:00		2.4	2.8	(water samples continue
7	7:30		1.5	2.0	to be high)
8	9:30		1.4	1.8	
9	12:00		1.2	1.6	* Reset water 11-14
10	6:00		1.2	1.2	@ around 4:30
11	5:00		1.2	1.2	got phone message
12	6:00		1.2	1.2	that it has been
13	5:30		1.2	1.2	out since around
14	6:00		1.2	1.2	11 AM
15	5:30		1.2	1.2	
16	5:00		1.2	1.2	* Pump stopped 11:21
17	5:30		1.2	1.2	pumping water
18	6:30		1.2	1.2	Chris Beebe / Michael
19	6:00		1.2	1.2	came to investigate
20	6:30		1.2	1.2	pump
21		no sample ←	—	—	
22	4:00		1.0	1.0	
23	3:30		1.2	1.4	
24	6:30		1.4	1.4	When I scan this form,
25	6:30		1.4	1.4	it is illegible, so
26	7:00		1.4	1.4	mailing form.
27	5:30		1.4	1.4	Bob Jones, DRC
28	5:30		1.4	1.4	
29	5:00		1.4	1.4	Questions: 541-301-5615
30	4:30		1.4	1.4	
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Was the chlorine residual ever less than the required minimum residual of 0.2 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> <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>
<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>	

Printed Name: Raysh Wilson Title: Water tester Operator Certification # \_\_\_\_\_  
 Signature: Raysh Wilson Phone #: (541) 859-3208 OR  
 Date: 12 / 1 / 2025 Robert Jones, DRC Small Groundwater System