

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 12 / 2005 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	well house	1.4	1.4	Home
2	4:30		1.4	1.4	
3	5:30		1.2	1.4	
4	6:30		1.2	1.2	
5	5:00		1.2	1.2	
6	3:00		1.0	1.2	
7	11:00		1.0	1.0	
8	6:00		.8	.8	
9	5:30		.8	.8	
10	6:30		.8	.8	
11	10:30		.8	.8	
12	5:30		.8	.8	
13	5:00		.8	.8	
14	4:00		.8	.8	
15	4:00		.8	.8	
16	5:30		.8	.8	
17	5:30		.8	.8	
18	5:00		.8	.8	
19	5:00		.8	.8	
20	4:30		.8	.8	
21	5:30		.8	.8	
22	6:30		.8	.8	
23	6:30		.8	.8	
24	6:00		.8	.8	
25	5:00		.8	.8	
26	5:30		.8	.8	
27	4:30		.8	.8	
28	4:00		.8	.8	
29	6:00		.8	.8	
30	4:30		.8	.8	
31	6:00		.8	.8	

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>GWS Serving 3,300 or Fewer</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. <u>N/A</u></p>	<p>GWS Serving More Than 3,300</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>
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Printed Name: Angela Wilson Title: Water Tester Operator Certification #: _____
 Signature: Angela Wilson Phone #: (504) 899-3208 OR _____
 Date: 12/31/2005 Robert C. Jura DRC 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.