

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 **1 / 2026** Entry Point: **well house / Home** Required Minimum Residual **0.5** mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Home Sp10	Notes
1	5:30	well house EP	.8	.8		
2	6:00		.8	.8		
3	4:00		.8	.8		
4	5:30		.8	.8		
5	5:00		.8	.8		
6	5:00		.8	.8		
7	5:30		.8	.8		
8	5:30		.8	.8		
9	6:30		.8	.8		
10	6:00		.8	.8		
11	4:30		.8	.8		
12	6:00		.8	.8		
13	4:30		.6	.6		
14	6:00		.6	.6		
15	6:30		.6	.6		
16	5:00		.6	.6		
17	3:30		.6	.6		
18	5:00		.6	.6		
19	5:30		.6	.6		
20	6:00		.6	.6		
21	5:00		.6	.6		
22	4:30		.8	.8		
23	5:00		.8	.8		
24	4:00		.6	.6		
25	4:30		.6	.6		
26	5:30		.6	.6		
27	5:00		.6	.6		
28	4:30		.8	.8		
29	4:30		.8	.8		
30	5:30		.6	.6		
31	4:30		.6	.6		

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. N/A</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 N/A</p> <p>Date continuous monitoring equipment failed: / /</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 N/A</p> <p>Date it was returned to service: / /</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 #: **(541) 899-3208** OR
 Date: **1 / 31 / 26** **Bob Jones, DRC, SWSO** Small Groundwater System

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