

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 2 2026 Entry Point Faucet in Pump house Required Minimum Residual .5 mg/L

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

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</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>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</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 2 28 2026 Robert C. Jones, DRC Small Groundwater System

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