

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 3 2006 Entry Point: Faucet in Pump house Required Minimum Residual  mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5:00	AA-Well #1	.6	
2	5:30		.6	
3	3:30		.6	
4	5:30		.6	
5	4:30		.6	
6	5:00		.6	
7	5:30		.6	
8	5:30		.6	
9	6:30		.6	
10	6:00		.6	
11	5:30		.6	
12	6:00		.6	
13	8:00		.6	
14	7:00		.6	
15	7:00		.6	
16	5:00		.6	
17	12:00		.6	
18	4:00		.6	
19	6:00		.6	
20	5:30		.6	3-20-06 * Called Chris Bebe
21	5:00		.6	to reset water
22	6:30		.6	pressure @
23	5:30		.6	5:30
24	6:00		.6	
25	6:00		.8	
26	7:00		.8	
27	5:30		.8	
28	4:30		.8	
29	6:00		.8	
30	5:00		.8	
31	5:30		.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><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. <u>N/A</u></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: Angela Wilson Title: Water Tester Operator Certification #: \_\_\_\_\_  
 Signature: Angela Wilson Phone #: (541) 899-3208 OR  
 Date: 3/31/2006 Robert Cifano DRC Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.