

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

PWS ID# 41 00923

System Name McKenzie Palisades

Month/Year JANUARY/2023

Entry Point: PUMPHOUSE

Required Minimum Residual .20 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	1211	Well EP	.41	
2	1226	Well EP	.40	
3	1011	Well EP	.43	
4	1500	Well EP	.42	
5	1800	Well EP	.42	
6	2012	Well EP	.39	
7	0912	Well EP	.38	
8	1200	Well EP	.38	
9	0815	Well EP	.38	
10	0900	Well EP	.40	
11	1901	Well EP	.38	
12	1705	Well EP	.38	
13	1800	Well EP	.40	
14	1505	Well EP	.42	
15	1600	Well EP	.41	
16	2200	Well EP	.41	
17	2300	Well EP	.40	
18	1800	Well EP	.39	
19	1112	Well EP	.38	
20	0012	Well EP	.38	
21	1015	Well EP	.37	
22	0715	Well EP	.39	
23	0800	Well EP	.39	
24	1015	Well EP	.38	
25	2200	Well EP	.37	
26	2200	Well EP	.37	
27	1515	Well EP	.37	
28	1200	Well EP	.37	
29	1226	Well EP	.41	
30	0315	Well EP	.40	
31	0600	Well EP	.41	

Was the chlorine residual ever less than the required minimum residual of .20 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.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Attach grab sample results and submit them with this form.

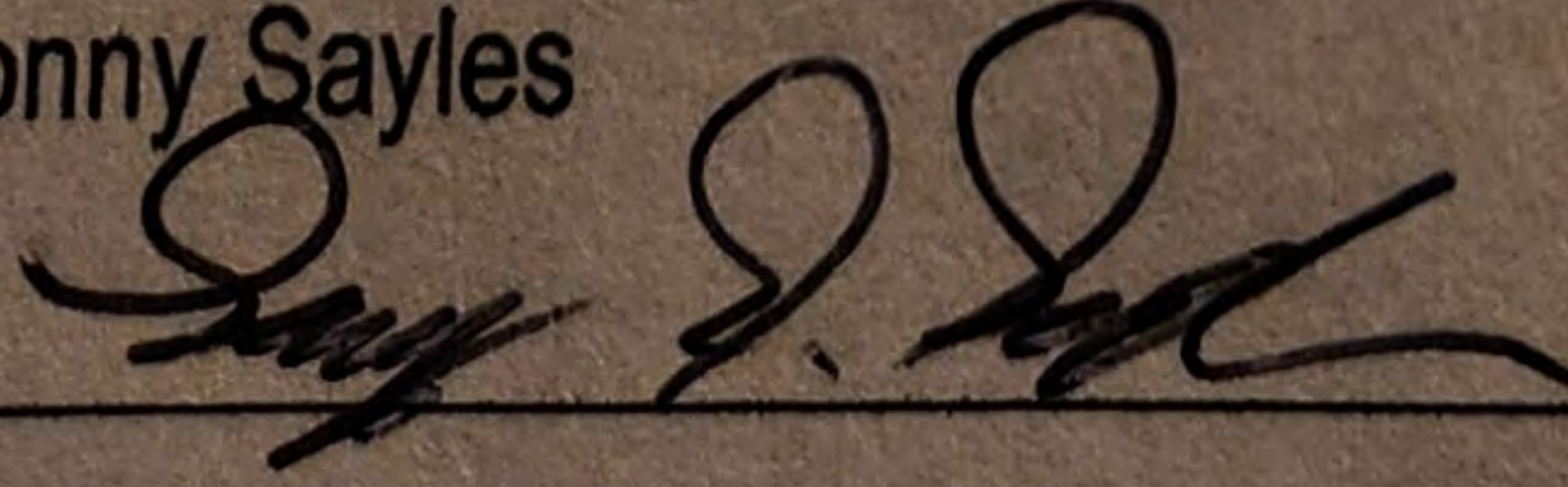
Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Lonny Sayles

Signature: 

Date: 02 / 06 / 2023

Title: DRC

Phone #: (541-206) 3976

Operator Certification #: 6085

OR

Small Groundwater System

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**