

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

System Name **McKenzie Palisades**

PWS ID# **4 1 00923**

Month/Year **May/2023**


Entry Point: **PUMPHOUSE**

Required Minimum Residual **.20mg/L**

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|------|------------------|--|-------|
| 1 | 1445 | WELL EP | .65 | |
| 2 | 1750 | WELL EP | .51 | |
| 3 | 0645 | WELL EP | .57 | |
| 4 | 2100 | WELL EP | .55 | |
| 5 | 0815 | WELL EP | .54 | |
| 6 | 2030 | WELL EP | .56 | |
| 7 | 2000 | WELL EP | .56 | |
| 8 | 2115 | WELL EP | .53 | |
| 9 | 2130 | WELL EP | .51 | |
| 10 | 0315 | WELL EP | .53 | |
| 11 | 1925 | WELL EP | .55 | |
| 12 | 0730 | WELL EP | .50 | |
| 13 | 0815 | WELL EP | .53 | |
| 14 | 0930 | WELL EP | .50 | |
| 15 | 2015 | WELL EP | .61 | |
| 16 | 2015 | WELL EP | .55 | |
| 17 | 1900 | WELL EP | .53 | |
| 18 | 1915 | WELL EP | .60 | |
| 19 | 0730 | WELL EP | .58 | |
| 20 | 1200 | WELL EP | .54 | |
| 21 | 1815 | WELL EP | .60 | |
| 22 | 1915 | WELL EP | .58 | |
| 23 | 2030 | WELL EP | .58 | |
| 24 | 2115 | WELL EP | .56 | |
| 25 | 1900 | WELL EP | .61 | |
| 26 | 2100 | WELL EP | .59 | |
| 27 | 1815 | WELL EP | .57 | |
| 28 | 2115 | WELL EP | .55 | |
| 29 | 0730 | WELL EP | .57 | |
| 30 | 1015 | WELL EP | .58 | |
| 31 | 2215 | WELL EP | .58 | |

Was the chlorine residual ever less than the required minimum residual of _____ mg/L? Yes X 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><i>Attach those results and submit them with this form.</i></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 checked="" type="checkbox"/> X 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><i>Attach grab sample results and submit them with this form.</i></p> | <p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p> |
|---|--|---|

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| Printed Name: Lonny Sayles Signature:  Date: 6 / 03 / 2023 | Title: DRC Phone #: (541) 206-3976 | Operator Certification #: 6085 OR Small Groundwater System <input type="checkbox"/> |
|---|---|--|

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.