

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

System Name **McKenzie Palisades**

PWS ID# **4 1 009230**

Month/Year **June/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	1620	Wellhouse EP	.50	
2	1700	Wellhouse EP	.53	
3	1530	Wellhouse EP	.57	
4	0800	Wellhouse EP	.55	
5	1425	Wellhouse EP	.59	
6	0715	Wellhouse EP	.54	
7	1715	Wellhouse EP	.60	
8	1430	Wellhouse EP	.63	
9	1615	Wellhouse EP	.69	
10	1730	Wellhouse EP	.66	
11	1330	Wellhouse EP	.65	
12	1500	Wellhouse EP	.59	
13	1545	Wellhouse EP	.63	
14	1500	Wellhouse EP	.66	
15	1815	Wellhouse EP	.73	
16	2300	Wellhouse EP	.45	
17	1715	Wellhouse EP	.69	
18	1615	Wellhouse EP	.66	
19	0730	Wellhouse EP	.53	
20	1715	Wellhouse EP	.57	
21	0645	Wellhouse EP	.59	
22	1715	Wellhouse EP	.55	
23	0115	Wellhouse EP	.66	
24	1815	Wellhouse EP	.64	
25	1700	Wellhouse EP	.49	
26	1900	Wellhouse EP	.55	
27	2100	Wellhouse EP	.62	
28	2300	Wellhouse EP	.53	
29	1845	Wellhouse EP	.51	
30	1615	Wellhouse EP	.48	
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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.

**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 S. Sayles**

Title: **DRC**

Operator Certification #: **6085**

Signature: 

Phone #: **(541) 206-3976**

OR

Small Groundwater System

Date: **07 / 06 / 2023**

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.