

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

System Name McKenzie Palisades

PWS ID# 4 1 00923

Month/Year July/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	1630	WELL EP	.43	
2	1515	WELL EP	.45	
3	0530	WELL EP	.46	
4	0800	WELL EP	.40	
5	0630	WELL EP	.55	
6	0645	WELL EP	.55	
7	1615	WELL EP	.56	
8	1015	WELL EP	.57	
9	1500	WELL EP	.55	
10	0816	WELL EP	.38	
11	1715	WELL EP	.53	
12	1800	WELL EP	.46	
13	0730	WELL EP	.44	
14	1625	WELL EP	.39	
15	1815	WELL EP	.40	
16	2000	WELL EP	.41	
17	0630	WELL EP	.41	
18	0700	WELL EP	.48	
19	0800	WELL EP	.48	
20	0945	WELL EP	.48	
21	1915	WELL EP	.49	
22	2100	WELL EP	.49	
23	2130	WELL EP	.60	
24	0515	WELL EP	.61	
25	0815	WELL EP	.63	
26	0830	WELL EP	.45	
27	0945	WELL EP	.45	
28	0530	WELL EP	.47	
29	0600	WELL EP	.63	
30	0715	WELL EP	.49	
31	0815	WELL EP	.43	

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

Date: 08 / 04 / 2023

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.**