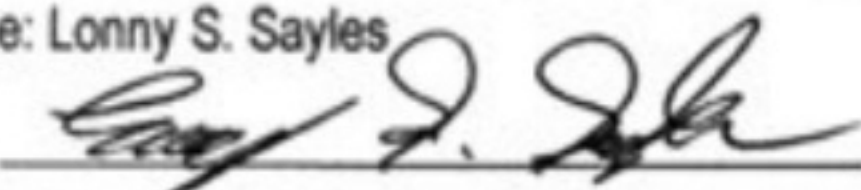


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **McKenzie Palisades** PWS ID# **41 00923**
 Month/Year **August/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	0830	WELL EP	.58	
2	0845	WELL EP	.56	
3	1730	WELL EP	.58	
4	1825	WELL EP	.49	
5	1900	WELL EP	.44	
6	0730	WELL EP	.61	
7	0845	WELL EP	.58	
8	1754	WELL EP	.58	
9	1715	WELL EP	.60	
10	1547	WELL EP	.54	
11	1600	WELL EP	.56	
12	1730	WELL EP	.55	
13	1600	WELL EP	.58	
14	1106	WELL EP	.44	
15	1715	WELL EP	.49	
16	1530	WELL EP	.49	
17	0800	WELL EP	.48	
18	1545	WELL EP	.51	
19	1200	WELL EP	.56	
20	1300	WELL EP	.63	
21	1046	WELL EP	.49	
22	0900	WELL EP	.44	
23	1547	WELL EP	.54	
24	1330	WELL EP	.56	
25	1815	WELL EP	.49	
26	1715	WELL EP	.57	
27	0600	WELL EP	.40	
28	0730	WELL EP	.42	
29	0830	WELL EP	.41	
30	0745	WELL EP	.49	
31	1400	WELL EP	.65	

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.

<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"/> 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>
Printed Name: Lonny S. Sayles Title: DRC Signature:  Phone #: (541) 206-3976 Date: 09 / 05 / 2023		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.

August 22, 2019