

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

System Name **McKenzie Palisades**

PWS ID# **41 00923**

Month/Year **Sept/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	0600	WELL EP	.48	
2	0745	WELL EP	.47	
3	1700	WELL EP	.45	
4	1645	WELL EP	.47	
5	0715	WELL EP	.53	
6	0814	WELL EP	.51	
7	1532	WELL EP	.53	
8	1800	WELL EP	.61	
9	0600	WELL EP	.59	
10	0730	WELL EP	.48	
11	0700	WELL EP	.45	
12	0815	WELL EP	.47	
13	0730	WELL EP	.49	
14	0700	WELL EP	.49	
15	0645	WELL EP	.52	
16	1715	WELL EP	.55	
17	0845	WELL EP	.47	
18	1530	WELL EP	.48	
19	1700	WELL EP	.52	
20	0630	WELL EP	.49	
21	0645	WELL EP	.46	
22	1815	WELL EP	.45	
23	0718	WELL EP	.45	
24	0745	WELL EP	.44	
25	1515	WELL EP	.45	
26	1900	WELL EP	.45	
27	1200	WELL EP	.46	
28	2015	WELL EP	.49	
29	1815	WELL EP	.49	
30	2100	WELL EP	.49	
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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.

<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>
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Printed Name: Lonny S. Sayles

Title: DRC

Operator Certification #: 6085