

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

System Name McKenzie Palisades

PWS ID# 4 1 00953



November/

Month/Year 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	0700	WELL EP	.56	
2	0950	WELL EP	.59	
3	1000	WELL EP	.55	
4	2345	WELL EP	.47	
5	1245	WELL EP	.43	
6	2130	WELL EP	.49	
7	1815	WELL EP	.45	
8	1900	WELL EP	.46	
9	1715	WELL EP	.43	
10	0950	WELL EP	.46	
11	0830	WELL EP	.38	
12	1700	WELL EP	.38	
13	1830	WELL EP	.39	
14	0515	WELL EP	.45	
15	1700	WELL EP	.47	
16	1430	WELL EP	.46	
17	0700	WELL EP	.48	
18	0800	WELL EP	.44	
19	0515	WELL EP	.47	
20	1915	WELL EP	.40	
21	0630	WELL EP	.46	
22	0645	WELL EP	.43	
23	1300	WELL EP	.42	
24	1530	WELL EP	.48	
25	1600	WELL EP	.46	
26	0730	WELL EP	.55	
27	0800	WELL EP	.40	
28	1930	WELL EP	.44	
29	0745	WELL EP	.43	
30	1315	WELL 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.

<p><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></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
Signature: _____	Phone #: (541) 206-3976	OR
Date: 12 / 06 / 2023		Small Groundwater System <input type="checkbox"/>

**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.**

August 22, 2019