

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

System Name **McKenzie Ridge Subdivision**

PWS ID# **4 1 06095**

Month/Year **4/2021**

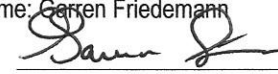
Entry Point: **WTP-A**

Required Minimum Residual **0.20 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1				
2				
3				
4				
5				
6	1125	Well #1	0.25	
7				
8				Met with HOA and talked about CL2 Res daily data collection
9				Next month's data sheet will be filled out completely
10				
11				
12				
13	0800	Well #1	0.20	
14	0800	Well #1	0.20	
15	0805	Well #1	0.20	
16	0800	Well #1	0.20	
17	0800	Well #1	0.20	
18	0800	Well #1	0.20	
19	0800	Well #1	0.20	
20	0810	Well #1	0.20	
21	0800	Well #1	0.20	
22	0800	Well #1	0.20	
23	0800	Well #1	0.20	
24	0800	Well #1	0.20	
25	0800	Well #1	0.20	
26	0800	Well #1	0.30	
27	0800	Well #1	0.40	
28	0800	Well #1	0.40	
29	0800	Well #1	0.40	
30	0800	Well #1	0.40	
31				

Was the chlorine residual ever less than the required minimum residual of 0.2 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 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: <u>Garren Friedemann</u> Signature:  Date: <u>05 / 06 / 2021</u>	Title: <u>Operations Manager</u> Phone #: <u>(541) 505-9968</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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*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