

**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	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	0800	Well #1	0.40	
2	0800	Well #1	0.40	
3	0800	Well #1	0.40	
4	0800	Well #1	0.40	
5	0800	Well #1	0.40	
6	0800	Well #1	0.40	
7	0800	Well #1	0.40	
8	0800	Well #1	0.40	
9	0800	Well #1	0.40	
10	0800	Well #1	0.40	
11	0800	Well #1	0.40	
12	0800	Well #1	0.40	
13	0800	Well #1	0.40	
14	0800	Well #1	0.60	
15	0800	Well #1	0.60	
16	0800	Well #1	0.60	
17	0800	Well #1	0.60	
18	0800	Well #1	0.60	
19	0800	Well #1	0.60	
20	0800	Well #1	0.60	
21	0800	Well #1	0.60	
22	0800	Well #1	0.60	
23	0800	Well #1	0.40	
24	0800	Well #1	0.40	
25	0800	Well #1	0.40	
26	0800	Well #1	0.40	
27	0800	Well #1	0.40	
28	0800	Well #1	0.40	
29	0800	Well #1	0.40	
30	0800	Well #1	0.40	
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Was the chlorine residual ever less than the required minimum residual of 0.20 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 align="center">GWS Serving More Than 3,300</p> <table border="0" style="width:100%;"> <tr> <td style="width:60%;"> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i> </td> <td style="width:40%;"> Date continuous monitoring equipment failed: / / Date it was returned to service: / / </td> </tr> </table>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Garren Friedemann Signature: Date: 07 / 01 / 2021	Title: Operations Manager Phone #: (541) 505-9968	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.