

**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 **March 2022** 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	0.6	
2	0800	Well #1	0.6	
3	0800	Well #1	0.6	
4	0800	Well #1	0.6	Inspection/Data collection
5	0800	Well #1	0.6	
6	0800	Well #1	0.6	
7	0800	Well #1	0.6	
8	0800	Well #1	0.6	Inspection/Data collection
9	0800	Well #1	0.6	
10	0800	Well #1	0.6	
11	0800	Well #1	0.6	
12	0800	Well #1	0.4	
13	0800	Well #1	0.4	
14	0800	Well #1	0.4	Inspection/Data/ MTR Reading
15	0800	Well #1	0.4	
16	0800	Well #1	0.4	
17	0800	Well #1	0.4	
18	0800	Well #1	0.4	
19	0800	Well #1	0.4	
20	0800	Well #1	0.4	
21	0800	Well #1	0.4	Inspection/Data collection
22	0800	Well #1	0.4	
23	0800	Well #1	0.4	
24	0800	Well #1	0.4	
25	0800	Well #1	0.4	
26	0800	Well #1	0.4	
27	0800	Well #1	0.4	
28	0800	Well #1	0.4	
29	0800	Well #1	0.4	Inspection/Data collection
30	0800	Well #1	0.4	
31	0800	Well #1	0.4	

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><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 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: <b>Garren Friedemann</b>	Title: <b>Operations Manager</b>	Operator Certification #:
Signature: 	Phone #: <b>(541) 505-9968</b>	<b>OR</b>
Date: <b>04 / 09 / 2022</b>		Small Groundwater System <input checked="" 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.**