

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

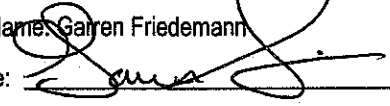
System Name **McKenzie Ridge Subdivision**
Month/Year **April 2022** Entry Point: **WTP-A**

PWS ID# **4 1 06095**
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 | 0.4 | |
| 2 | 0800 | Well #1 | 0.4 | |
| 3 | 0800 | Well #1 | 0.4 | |
| 4 | 0800 | Well #1 | 0.4 | |
| 5 | 0800 | Well #1 | 0.4 | Inspection/Data collection |
| 6 | 0800 | Well #1 | 0.4 | |
| 7 | 0800 | Well #1 | 0.4 | |
| 8 | 0800 | Well #1 | 0.4 | |
| 9 | 0800 | Well #1 | 0.4 | |
| 10 | 0800 | Well #1 | 0.4 | |
| 11 | 0800 | Well #1 | 0.4 | |
| 12 | 0800 | Well #1 | 0.4 | Inspection/Data collection |
| 13 | 0800 | Well #1 | 0.4 | |
| 14 | 0800 | Well #1 | 0.4 | |
| 15 | 0800 | Well #1 | 0.6 | |
| 16 | 0800 | Well #1 | 0.6 | |
| 17 | 0800 | Well #1 | 0.6 | |
| 18 | 0800 | Well #1 | 0.6 | Inspection/Data collection |
| 19 | 0800 | Well #1 | 0.6 | |
| 20 | 0800 | Well #1 | 0.6 | |
| 21 | 0800 | Well #1 | 0.6 | |
| 22 | 0800 | Well #1 | 0.6 | |
| 23 | 0800 | Well #1 | 0.4 | |
| 24 | 0800 | Well #1 | 0.4 | |
| 25 | 0800 | Well #1 | 0.4 | Inspection/Data collection |
| 26 | 0800 | Well #1 | 0.4 | |
| 27 | 0800 | Well #1 | 0.4 | |
| 28 | 0800 | Well #1 | 0.4 | |
| 29 | 0800 | Well #1 | 0.4 | |
| 30 | 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>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> |
|---|---|---|

| | | |
|---|--|---|
| Printed Name: Garren Friedemann Signature:  Date: 05 / 06 / 2021 | Title: Operations Manager Phone #: (541) 505-9968 | Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/> |
|---|--|---|

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.