

**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 **2/2023**

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	0.20	
2	0800	Well #1	0.20	
3	0800	Well #1	0.20	
4	0800	Well #1	0.20	
5	0800	Well #1	0.20	
6	0800	Well #1	0.20	
7	0800	Well #1	0.20	Inspection/Data collection
8	0800	Well #1	0.20	
9	0800	Well #1	0.20	
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	0.40	Inspection/Data collection
15	0800	Well #1	0.40	
16	0800	Well #1	0.40	
17	0800	Well #1	0.40	
18	0800	Well #1	0.40	
19	0800	Well #1	0.40	
20	0800	Well #1	0.40	
21	0800	Well #1	0.20	Inspection/Data collection/MTR read
22	0800	Well #1	0.20	
23	0800	Well #1	0.20	
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	Inspection/Data collection

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> <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: Garren Friedemann Signature: _____ Date: 3 / 3 / 2023	Title: Operations Manager Phone #: (541) 505-9968	Operator Certification #: 609860 OR Small Groundwater System <input 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.