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

Date	System Name McKenzie Ridge Subdivision PWS ID# 4 1 06095							
Date Time	Month/	Year 05/2	2024 Entry Po	int: WTP-A	Required Minimum Residual 0.20 mg/L			
2	Date	Time Source(s) i		ı use	residual at entry point to Notes		Notes	
3	1	1306	Well #	1		Delta insp./	Data coll. Pump house	
4	2	1513			0.89	Delta insp./Data coll. Pump house		
5	3	1415	Well #1		0.44	Delta insp./Data coll. Pump house		
6	4	1228	Well #		0.60	Delta insp./Data coll. Pump house		
7	5	1140	Well #		0.55	Delta insp./Data coll. Pump house		
8	6	1545	Well #		0.45	, 		
9 0800 Well #1 0.40 Onsite HOA contact data collection 10 0800 Well #1 0.40 Onsite HOA contact data collection 11 0800 Well #1 0.40 Onsite HOA contact data collection 12 0800 Well #1 0.40 Onsite HOA contact data collection 13 0800 Well #1 0.40 Onsite HOA contact data collection 14 0800 Well #1 0.40 Onsite HOA contact data collection 15 0800 Well #1 0.40 Onsite HOA contact data collection 16 0800 Well #1 0.40 Onsite HOA contact data collection 17 0800 Well #1 0.40 Onsite HOA contact data collection 18 0800 Well #1 0.40 Onsite HOA contact data collection 19 0800 Well #1 0.40 Onsite HOA contact data collection 19 0800 Well #1 0.40 Onsite HOA contact data collection 19 0800 Well #1 0.40 Onsite HOA contact data collection 19 0800 Well #1 0.40 Onsite HOA contact data collection 20 0800 Well #1 0.40 Onsite HOA contact data collection 21 0800 Well #1 0.40 Onsite HOA contact data collection 22 0800 Well #1 0.40 Onsite HOA contact data collection 23 0800 Well #1 0.40 Onsite HOA contact data collection 24 0800 Well #1 0.40 Onsite HOA contact data collection 25 0800 Well #1 0.40 Onsite HOA contact data collection 26 0800 Well #1 0.40 Onsite HOA contact data collection 27 0800 Well #1 0.40 Onsite HOA contact data collection 28 0800 Well #1 0.40 Onsite HOA contact data collection 29 0800 Well #1 0.40 Onsite HOA contact data collection 26 0800 Well #1 0.40 Onsite HOA contact data collection 27 0800 Well #1 0.20 Onsite HOA contact data collection 28 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 40 Uses the chlorine residual every four hours 50 Uses the chlorine residual every four hours 60 Uses the chlorine residual every four hours 6	7	1703	Well #1		0.54	Delta insp./Data coll. Pump house		
10	8	1030	Well #1		0.39	Delta insp./Data coll. Pump house		
11	9	0800	Well #1		0.40	-		
12	10	0800			0.40	Onsite HOA contact data collection		
13	11	0800	Well #1		0.40	Onsite HOA contact data collection		
14	12	0800	Well #1		0.40	Onsite HOA contact data collection		
15	13	0800			0.40			
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26 0800 Well #1 0.20 Onsite HOA contact data collection 27 0800 Well #1 0.20 Onsite HOA contact data collection 28 0800 Well #1 0.20 Onsite HOA contact data collection 29 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact data collection 40 Onsite HOA contact data collection	24	0800	Well #1		0.40	Onsite HOA	A contact data collection	
27	25	0800	Well #		0.40 Onsite HOA contact		A contact data collection	
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29 0800 Well #1 0.20 Onsite HOA contact data collection 30 0800 Well #1 0.20 Onsite HOA contact 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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach grab sample results and submit them with this form. Printed Name: Garren Friedemann Title: Operations Manager Operator Certification #: 609860 OR	27	0800	Well #		0.20	Onsite HOA contact 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. GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No Attach those results and submit them with this form. Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No Attach those results and submit them with this form. Printed Name: Garren Friedemann Title: Operations Manager Operator Certification #: 609860 OR	28	0800	Well #		0.20	Onsite HOA		
Was the chlorine residual ever less than the required minimum residual of 0.20 mg/L? \[Yes \in No \] If yes, what was the longest time period until the required level was restored? hours - \[\frac{1f > 4 hours, Drinking Water Program to be notified by end of next business day. \] \[\text{GWS Serving 3,300 or Fewer} \] If yes, did you monitor every four hours until the residual returned to mg/L as required? \[Yes \] No \[Attach those results and submit them with this form. \] \[\text{Did continuous monitoring equipment fail at any time this reporting month? } \] Ves \[No \] If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? \[Yes \] No \[Attach grab sample results and submit them with this form. \] Printed Name: Garren Friedemann \[\text{Title: Operations Manager} \] Operator Certification #: 609860 OR	29	0800			0.20	Onsite HOA	A contact data collection	
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If yes, did you monitor every four hours until the residual returned to mg/L as required?	If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be							
If yes, did you monitor every four hours until the residual returned to mg/L as required?	GWS	S Serving	3,300 or Fewer	GWS Serving More Than 3,300				
Attach those results and submit them with this form. If yes, were grab samples collected every four nours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form. Printed Name: Garren Friedemann Title: Operations Manager Operator Certification #: 609860 Signature: Phone #: (541) 505-9968 OR	If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at any time this				
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Printed Name: Garren Friedemann Title: Operations Manager Operator Certification #: 609860 Signature: Phone #: (541) 505-9968 OR	this form.			required? Yes No				
Signature: Phone #: (541) 505-9968 OR				Attach grab sample results and submit them with		vith this form.	1 1	
	Printed Name: Garren Friedemann					Operator Certification #: 609860		
	Signatur	e.		·		·		
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