

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

System Name	Mckenzie Ridge Subdivision	PWS ID#	41-06095
Month/Year	8/2024	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	0.4	
2	0800	Well #1	0.4	
3	0800	Well #1	0.4	
4	0800	Well #1	0.4	
5	0800	Well #1	0.4	
6	0800	Well #1	0.4	
7	0800	Well #1	0.4	
8	0800	Well #1	0.4	
9	0800	Well #1	0.2	
10	0800	Well #1	0.2	
11	0800	Well #1	0.8	
12	0800	Well #1	1	
13	0800	Well #1	1.6	Delta Inspection-adjusted dosing pump
14	0800	Well #1	1.8	Delta Inspection/Data Collection
15	0800	Well #1	2	Delta Inspection-adjusted dosing pump
16	0800	Well #1	1	
17	0800	Well #1	0.8	
18	0800	Well #1	0.6	
19	0800	Well #1	0.6	
20	0800	Well #1	0.6	
21	0800	Well #1	0.4	Delta Data Collection/Meter readings
22	0800	Well #1	0.4	
23	0800	Well #1	0.4	Delta Inspection/Data Collection
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	
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><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>
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Printed Name: Mel Stiner	Title: Operations Lead	Operator Certification #: 343200
Signature:	Phone #: (541) 505-9968	OR
Date: 9/5/2024		Small Groundwater System <input 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.**