

**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 09/2024

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	0.40	Onsite HOA contact data collection
2	0800	Well #1	0.40	Onsite HOA contact data collection
3	0800	Well #1	0.40	Onsite HOA contact data collection
4	0800	Well #1	0.40	Onsite HOA contact data collection
5	0800	Well #1	0.40	Onsite HOA contact data collection
6	0800	Well #1	0.40	Onsite HOA contact data collection
7	0800	Well #1	0.40	Onsite HOA contact data collection
8	0800	Well #1	0.40	Onsite HOA contact data collection
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	0.20	Onsite HOA contact data collection
17	0800	Well #1	0.20	Onsite HOA contact data collection
18	0800	Well #1	0.40	Onsite HOA contact data collection
19	0800	Well #1	0.47	Delta insp/Data coll./MTR read Residual from pump house
20	0800	Well #1	0.20	Onsite HOA contact data collection
21	1030	Well #1	0.42	Delta insp/Data coll./MTR read Residual from pump house
22	1100	Well #1	0.45	Delta insp/Data coll./MTR read Residual from pump house
23	0800	Well #1	0.20	Onsite HOA contact data collection
24	0800	Well #1	0.20	Onsite HOA contact data collection
25	0800	Well #1	0.20	Onsite HOA contact data collection
26	0800	Well #1	0.20	Onsite HOA contact data collection
27	1230	Well #1	0.59	Delta insp/Data coll./MTR read Residual from pump house
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

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.

GWS Serving More Than 3,300
 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.

Date continuous monitoring equipment failed: _____ / _____ / _____
 Date it was returned to service: _____ / _____ / _____

Printed Name: Garren Friedemann Title: Operations Manager
 Signature: _____ Phone #: (541) 505-9968
 Date: 10 / 01 / 2024

Operator Certification #: 609860
 OR
 Small Groundwater System