

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 **10/2024**

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	0.20	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	0.20	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	0.20	Delta insp/Data coll./MTR read Residual from pump house
19	0800	Well #1	0.20	Onsite HOA contact data collection
20	0800	Well #1	0.20	Onsite HOA contact data collection
21	1030	Well #1	0.20	Onsite HOA contact data collection
22	1100	Well #1	0.20	Onsite HOA contact data collection
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	0.40	Onsite HOA contact data collection
26	0800	Well #1	0.40	Onsite HOA contact data collection
27	1230	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
30	0800	Well #1	0.40	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

Operator Certification #: 609860

Signature: _____

Phone #: (541) 505-9968

OR

Date: 11 / 04 / 2024

Small Groundwater System

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.