

**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 2/2025

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: Onsite chlorine residual collected and read with color wheel
1	0800	Well #1	0.20	Onsite HOA contact data collection
2	0800	Well #1	0.20	Onsite HOA contact data collection
3	0800	Well #1	0.20	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	0.20	Onsite HOA contact data collection
15	0800	Well #1	0.20	Onsite HOA contact data collection
16	1240	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	Onsite HOA contact data collection
19	0800	Well #1	0.20	Onsite HOA contact data collection
20	0800	Well #1	0.20	Onsite HOA contact data collection
21	0800	Well #1	0.20	Onsite HOA contact data collection
22	0800	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	0.20	Onsite HOA contact data collection
26	0800	Well #1	0.20	Onsite HOA contact data collection
27	1638	Well #1	0.20	Delta insp/Data coll./MTR read Residual from pump house
28	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

Operator Certification #: 609860

Signature: _____

Phone #: (541) 505-9968

OR

Date: 3 / 03 / 2025

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.

August 22, 2019