

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year JAN 2021 Entry Point: EPA Wellfield

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0944	#4	.93 mg/L	C.M.E.
2	1030	# 2, 4 & 6	1.12 mg/L	C.M.E.
3	1020	# 2, 4 & 6	1.02 mg/L	C.M.E.
4	8:26/Am	#4	1.01 mg/L	C.M.E.
5	8:06/Am	# 2, 4	0.99 mg/L	C.M.E.
6	8:55/Am	# 1, 2, 4	1.00 mg/L	C.M.E.
7	8:47/Am	# 1, 2, 4	1.03 mg/L	C.M.E.
8	8:30/Am	#4	0.74 mg/L	C.M.E.
9	7:55/Am	#4	0.75 mg/L	C.M.E.
10	8:31/Am	#4	0.80 mg/L	C.M.E.
11	7:57/Am	#4	0.78 mg/L	C.M.E.
12	8:28/Am	#4	0.78 mg/L	C.M.E.
13	8:15/Am	# 2, 4, 6	0.99 mg/L	C.M.E.
14	8:50/Am	# 2, 4, 6	0.98 mg/L	C.M.E.
15	8:05/Am	#4	0.76 mg/L	C.M.E.
16	8:30/Am	#4	0.84 mg/L	C.M.E.
17	8:44/Am	#4	0.75 mg/L	C.M.E.
18	8:12/Am	#4	0.78 mg/L	C.M.E.
19	8:19/Am	#4	1.00 mg/L	C.M.E.
20	8:09/Am	# 1, 2, 4	1.01 mg/L	C.M.E.
21	8:24/Am	#4	0.68 mg/L	C.M.E.
22	8:41/Am	#4	0.69 mg/L	C.M.E.
23	10:05/Am	# 1, 2, 4	1.01 mg/L	C.M.E.
24	9:45/Am	# 1, 2, 4	1.01 mg/L	C.M.E.
25	8:30/Am	#4	0.66 mg/L	C.M.E.
26	8:30/Am	# 2, 4	0.98 mg/L	C.M.E.
27	8:20/Am	#4	0.71 mg/L	C.M.E.
28	8:53/Am	#4	0.92 mg/L	C.M.E.
29	9:10/Am	#4	0.64 mg/L	C.M.E.
30	11:10/Am	#4	0.58 mg/L	C.M.E.
31	10:34/Am	#4	0.65 mg/L	C.M.E.

Was the chlorine residual ever less than the required minimum residual of 0.2 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ hours

GWS Serving 3,300 or Fewer
 If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 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?
 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: Floyd A. Stalcup
 Signature: Floyd A. Stalcup
 Date: 2 1 2 12021

Title: Utility Worker III
 Phone #: (541) 974-3942

Operator Certification #: T-08998

OR
 Small Groundwater System

DWP
 PO Box 14450