

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year Feb 12021 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	8:16am	# 4	0.93 mg/L	C.M.E.
2	8:06am	#4	0.99 mg/L	C.M.E.
3	8:45am	# 1, 2, 4	0.95 mg/L	C.M.E.
4	8:53am	#1, 2, 4	0.59 mg/L	C.M.E.
5	8:08 am	#4	0.59 mg/L	C.M.E.
6	9:50am	# 1, 2 & 4	0.63 mg/L	C.M.E.
7	10:16am	# 4	0.89 mg/L	C.M.E.
8	8:21am	# 4	0.92 mg/L	C.M.E.
9	7:59am	# 4	0.98 mg/L	C.M.E.
10	8:13am	#4	0.77 mg/L	C.M.E.
11	8:10 am	#4	0.83 mg/L	C.M.E.
12	8:37am	# 2, 4	0.81 mg/L	C.M.E.
13	8:28am	# 4	0.74 mg/L	C.M.E.
14	8:32am	# 1, 2, 4, 6	0.95 mg/L	C.M.E.
15	8:34am	# 4	0.94 mg/L	C.M.E.
16	9:18am	#4	1.03 mg/L	C.M.E.
17	8:30am	# 4	0.97 mg/L	C.M.E.
18	8:50am	#4	0.99 mg/L	C.M.E.
19	8:12am	# 1, 2, 4	1.04 mg/L	C.M.E.
20	6:20am	#4	0.97 mg/L	C.M.E.
21	8:20am	#4	0.94 mg/L	C.M.E.
22	8:32am	# 4	1.01 mg/L	C.M.E.
23	8:06am	# 4	0.97 mg/L	C.M.E.
24	8:37am	# 4	0.99 mg/L	C.M.E.
25	8:32am	* NO Pumps Running	0.94 mg/L	C.M.E.
26	8:06am	# 4	0.67 mg/L	C.M.E.
27	8:30am	# 4	0.70 mg/L	C.M.E.
28	9:45am	# 4	0.70 mg/L	C.M.E.
29				C.M.E.
30				
31				

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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p>Attach those results and submit them with this form.</p>	<p align="center">GWS Serving More Than 3,300</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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: Floyd Stalcup
 Signature: Floyd Stalcup
 Date: 3 12 12021

Title: UTILITY WORKER III
 Phone #: (541) 974-3942

Operator Certification #: T-00998
 OR
 Small Groundwater System

DWP
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