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

System Name City Of Oakridge PWSID# 41- 00582						00582	
Month/Year June 12021 Entry Point: EPA Wellfield Required Minimum Residual 0,2 mg/L							
Date	Time	Source(s)		Lowest free chloric residual at entry poin distribution system (r	ne nt to	Notes	
1	8:34 pm	34 Am #4		0.68 mall		ME	
2	8:30 Am	3:30am #4		0.60 mal L	to a second seco	CME	
3	2 2 111 2			0.60 mall		ME	
5	12:50pm	#2 11-1		0.58 mall	- 0	ME	
6	2:30AM	#2,4+6		0.61 mall		ME	
7	8:30AM	ボイ		0.58 mall	The state of the s	ME	
8		#1.2+4		0.57 ma/L	The state of the s	ME	
9	9:29 Am	# 4		0.62 mall		ME	
10	9:51Am	# 2 & 4		0,67 Mg/L		CME	
11	10:25 Am	44		0.57 mall		CME	
12	9:10 Am	# 4		0.60 Wel	The second secon	ME	
13	9:40 AM	#1.2.4		0.63 m/s/2		WE	
14	8:30Am	中山		0.59 mall		OWE ME	
15	8:00 Am	#2,4+6		0.58 mall		ME	
16	8:19 am	#1		0.56 math		ME	
17	9:02 Am	#2 416		0.57 mall	and the second s	mE	
18	8.47AM			0.58 mayL		ME	
19	8:52Am	#4		0.56 mg/	4	".M.E	
20	9:18Am	#1,2,4,6		0.67 mg/	16	CME.	
21	8:40/Am	# 246		82.60 mar	_ (	M.E.	
23		#1,2,4		0.61 mor		P.M.E.	
24	C. Per hand			0.63 mG/1		ME	
	9:30 Am	#2,4,6+1		0.64 mg/L		IME	
26	7:49 20	生山		0.60 mg/L		CME	
27	7:57h	#12461		0.58 mg/L	,	CME	
28	8:27AM	村1.2 11		0.59 Ma/		CME	
29	9:00 Am	#1.24+6	•	0.58 mal		IME	
30	8:4DAM	#2 4+10		0.56 mal		CME	
31			*	J. 30 mg	France	CME	
Was the chlorine residual ever less than the required minimum residual of & .2 mg/L? Yes No							
If yes, what was the longest time period until the required level was restored?							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
If yes, did you monitor every four hours until the residual returned to mg/L?  Did continuou reporting mon			Did continuous reporting month			Date continuous monitoring	
Attach those results and submit them with this form.  If yes, were go continuous many them with the submit t			If yes, were gra	ab samples collected every four hours until the nitoring equipment was returned to service?		/ / Date it was returned to	
			Attach grab sar	Attach grab sample results and submit them with this form.		service:	
Printed Name: Floyd Status			Title	- WILL TY WORKER I	Operato	r Certification #: T- 08998	
o: . ~ .					,		
Date: 7 / 1 / 2021			Phone #: (541 ) 974 - 3942			OR Small Groundwater System	
DWP Po Bex 14450							