

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

System Name City Of Oakridge PWS ID# 41- 00582  
 Month/Year SEPT, / 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	9:25 Am	# 2,4	0.72 mg/L	CME
2	8:35 Am	# 4	0.62 mg/L	CME
3	8:11 Am	# 4	0.60 mg/L	CME
4	9:55 Am	# 2,4 & 6	0.61 mg/L	CME
5	9:51 Am	# 2,4 & 6	0.62 mg/L	CME
6	9:50 Am	# 1,2,4 & 6	0.57	CME
7	8:55 Am	# 2,4,6	0.57 mg/L	CME
8	8:15 Am	# 2,4,6	0.59 mg/L	CME
9	8:40 Am	# 4	0.56 mg/L	CME
10	8:48 Am	# 4	0.61 mg/L	CME
11	8:46 Am	# 2,4,6	0.52 mg/L	CME
12	8:50 Am	# 2,4,6	0.56 mg/L	CME
13	8:55 Am	# 4	0.54 mg/L	CME
14	9:03 Am	# 4	0.60 mg/L	CME
15	8:39 Am	# 4	0.59 mg/L	CME
16	9:03 Am	# 2,4,6	0.57 mg/L	CME
17	7:51 Am	# 4	0.56 mg/L	CME
18	10:00 Am	# 4	0.59 mg/L	CME
19	9:58 Am	# 1,2 + 4	0.61 mg/L	CME
20	10:00 Am	# 4	0.61 mg/L	CME
21	8:23 Am	# 1,2,4	0.58 mg/L	CME
22	8:31 Am	# 4	0.55 mg/L	CME
23	8:33 Am	# 2,4,6	0.53 mg/L	CME
24	11:09 Am	# 4	0.63 mg/L	CME
25	9:15 Am	# 4	0.68 mg/L	CME
26	9:10 Am	# 1,2,4	0.59 mg/L	CME
27	8:50 Am	# 4	0.60 mg/L	CME
28	1:47 Pm	# 2,4	0.53 mg/L	CME
29	9:29 Am	# 1,2,4	0.68 mg/L	CME
30	7:58 Am	# 1,2 + 4	0.66 mg/L	CME
31				CME

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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>
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Printed Name: Floyd Stalcup Title: utility worker III Operator Certification #: T-28999  
 Signature: Floyd Stalcup Phone #: (541) 9743942 OR  
 Date: 9/30/2021 Small Groundwater System

DWP  
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