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

| System Name City Of Oakridge PWSID# 41- 00582 | | | | | | | |
|--|---------------------|----------------------|---|--|------------------------------------|----------------|--|
| Month/Year July 12022 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 | 9:00 am | #4 | | 0.74 | mall | | CME |
| 2 | 8:55 AM | #4 | 0.62 | wal | MAN STANLARD THE STANLARD STANLARD | CMIE | |
| 3 | 9:15 AM | * Z, 4,6 | | 0.72 | wils | | Chall |
| 4 | 8:20 pm | 74 | | 0.70 | wall | | CULE |
| 5 | 9:33 am | 41.214 | | 0.78 | mall | _ | CME |
| 7 | 8: 45/Am | * + | | 0.68 | mat | | CME |
| 8 | 8:29/Am | # 1,24 | *************************************** | 0,77 | uge | | CME |
| 9 | 7:58/Am | # 4 | | 8.65 | man | | CME |
| 10 | 9:52/Am | | | 0.76 | mol | | CME |
| 11 | 9:00/AM | # 2 4.6 | | 8.74 | mal | | CME. |
| 12 | 10:20/Am | # 4 | | 8.46 | mal | + | CME |
| 13 | 9:02/000 | # 2 4 6 | | X. 67 | mar | | CME |
| 14 | 8:34 Am | # 4 | | 18.8 | mal | | CME |
| 15 | 9:20/Am | # 2.4.6 | | 8. 78 | mal | | CME |
| 16 | 8:29/Am | # 4 | | Q. 74 | mal | | CME |
| 17 | 9:18/Am | # 1246 | | X. 73 | mal | | CME |
| 18 | 8:57/Am | 井 十 | | 8.76 | mal | | CME |
| 19 | 8:35/Am | # 1,2,4 | | 8.79 | mal | | CME |
| 20 | 10:48/Am 9:15/Am | # 2,4 | - Anna | 8.75 | mal | | CME |
| 21 22 | 7: Am | # 124 | | 80.74 | nge | | CME |
| | 9:31/Am 9:30am | #14,6 | | 6.70 | mge | | CME |
| 24 | 7:40am | +1+4 | | 0.76 | mgL | | CME |
| 25 | 9:30/Am | | | 0.71 | may | | CME |
| 26 | 9:10/Am | 4 1.4.6 | | 8.69 | mal | | CME |
| 27 | 9:56/Am | # 1.46 | | 2.68 | mal | | CME |
| 28 | | #221.6 | | 0.68 | mare | | OME |
| 29 | 8:47/Am = | #2.4.6 | | 0.62 | MGL | | CME |
| 30 | 9:30/m | # 1,2,4,6 | | 0.67 | mal | | CWE |
| 31 | 11:30/AM | #4 | | 0.58 | nicl | | CWE |
| 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? | | | | | | | |
| 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 continuous n reporting month? | | | | monitoring equipment fail at any time this ? No | | | Date continuous monitoring equipment failed: |
| Attach th | | and submit them with | If yes, were gra | o samples collected every four hours until the | | | 1 1 |
| , sommasas | | | | onitoring equipment was returned to service? Yes No ample results and submit them with this form. | | | Date it was returned to service: |
| Dulm 4 1 h · | | 105- | | | | ith this form. | / / |
| Printed Na Signature | CHINA | d A. Stalenp | | Opera 9#:(541)974-3942 | | Operator | Certification #: T - 68998 |
| | | 0 | Pnor | ie #: (541) 9 | 74-3942 | | OR |
| Date: 8 / 1 / 1∠△22 Small Groundwater System □ | | | | | | | |
| DWP | | | | | | | |