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

Custom Name City Of Colymids								
System Name City Of Oakridge PWSID# 41- 00582								
Month	Year SEPT	r, /2022 Entry Po	oint: EPA	Wellfield Req		uired Minimum Residual		0 _e 2 mg/L
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes		
1	7:35/Am	特山		8.56	mgl		CME	
2	10:08/AM	# 4		8,58	ngl		CME	
3	11:07Am	#2,440		0.67	mai		CME	
4	10:00am	#4		0.62	mal		CME	
5	9:35am	#2,4+6		0.63	mgL		CME	
6	8:41am	#2,4+6		0.68	mal		CME	
7	8: Ilam	#2,4+6		0.52	mgl		CME	
8	10:52am	-4		0.68	mgl		CME	
9	7.18 Am	#1246		2.64	III.		CME	
10	7:30 AM			2.65	nge		CME	
12	7:35/Am			12.68	mal	(CME	
13	9:00 am	# 1,4,6		8.68	mal		CME	
14	8:41/Am	#1, 4.6		0.65	mgl		CME	
15	9:08/AM	4 11 1		0.68	1100		SME	
16	8:43/Am	44		8.67	max		ME	
17		#1,24		9.65	mol		C.M.E.	
18	9:30am	714		0.70	MGL		CME	
19	8:55Am			0.70	MGL		ME	
20	8:31 Am			0.57	mal	The State of the S	ME	
21	8:42Am			0.60	MGL		CAVE	
22	10:00 Am	#4'		0.59	MGL		AND E	
23	9:38 Am	#1,4,6		0.59	MGI		CME	
24	10:00 AW	#1,2,4	,	0.65	WGL		Crus	
25	9:40 AM	# 1,2,4		0.59	wsl		CWIE	
26	8:35 Am			0.62	mal		cme	
27	11:30 pm			0.63	mal		CME	
28	9:07 AM	#4		0.65	MGL		CME	
	9:07 AM	#1,2,466	((*))	0.64	MGL		CME	
30	9:57AM	#1,46		0.60	MGL		CMF	
34						, , , , , , , , , , , , , , , , , , ,		
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 Did continuous				monitoring equipment fail at any time this			Date continuous monitoring	
							equipment fail	led:
Attach t		and submit them with	If yes, were gra	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No			Date it was reservice:	/ turned to
			Attach grab sample results and submit them with this form			vith this form.		
Printed N	lame: Floq	dA. Stakenf		-	Crewleader		Operator Certification #: T- 08998	
Signature	e: FLo	and A. Stalce	Phr Phr	ne #: (541) 974-3942				
	201000	12022		11111-3742		OR		
ale. /	0131	LOLL				Small Gr	oundwater Syst	tem 🔲

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