

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year Nov. / 2022 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	9:34am	#4	0.75 mg/L	CME
2	8:56am	#4	0.64 mg/L	CME
3	9:37am	#4	0.62 mg/L	CME
4	8:39am	#1,2,4	0.72 mg/L	CME
5	8:30am	#2,4	0.68 mg/L	CME
6	8:39am	#4	0.61 mg/L	CME
7	8:21am	#1,2,4	0.66 mg/L	CME
8	8:00am	#1,2,4	0.69 mg/L	CME
9	8:03am	#4	0.63 mg/L	CME
10	9:06am	#1,4+6	0.70 mg/L	CME
11	7:16am	#1,4+6	0.67 mg/L	CME
12	5:40am	#4	0.67 mg/L	CME
13	5:20am	#4	0.68 mg/L	CME
14	9:50am	#4	0.59 mg/L	CME
15	8:09am	#2,4,6	0.77 mg/L	CME
16	9:29am	#4	0.63 mg/L	CME
17	9:00am	#2,4,6	0.84 mg/L	CME
18	12:50pm	#4	0.81 mg/L	CME
19	10:10am	#4	0.77 mg/L	CME
20	10:10am	#2,4,6	0.79 mg/L	CME
21	9:05am	#4	0.79 mg/L	CME
22	1:09pm	#4	0.82 mg/L	CME
23	9:36am	#2,4+6	0.71 mg/L	CME
24	10:05am	#4	0.56 mg/L	CME
25	10:30am	#4	0.57 mg/L	CME
26	10:50am	#4	0.62 mg/L	CME
27	7:15am	#4	0.61 mg/L	CME
28	11:33am	#4	0.59 mg/L	CME
29	9:18am	#4	0.73 mg/L	CME
30	9:25am	#4	0.72 mg/L	CME
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

Title: CREW LEADER

Operator Certification #: T-08998

Signature: Floyd Stalcup

Phone #: (541) 974-3942

OR

Date: 12 / 1 / 2022

Small Groundwater System

DWP