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

Syste	m Name	City Of Oa	kridge		P	WS ID# 4 1	- 00582		
Month	Year DEC.	/2022_Entry	Point: EPA	Wellfie		equired Minim		0 _e 2 mg/L	
Date	Time	Source(s	s) in use	residual a	free chlorine t entry point to system (mg/l		Notes	o _e ∠ mg/L	
1	9:24 Am	村上		0.54	mal	7	1 =		
2	9:30/Am	#124		0.69.	mal		CME		
3	9:05 Am	# 124		0.72	mal		CME		
4	9:25/Am	# 4		0.56	mal		CME		
5 6	8:29/Am	# 4		0.54	mac		CME		
7	10:49Am	# 2,4,6		0.68	mal		CME		
8	9:21/Am	# 4		0.42	mal		LME		
9	9:27 Am	# 4		8.105	mal		CME		
	11:00/Am	#4		0.50	mac		CME		
11	12:30pm 9:40am	=4		0.52	mgL		CME		
		#4		0.49	mal		CME		
13	91,33 Am		***	0.48	mal		CME		
14	9:11/Am	# 244		0.65	mgL		CME		
15	9:50 an	# 4		k.53	may		CME		
16	11:2744	#4		0.66	mal		CME		
17	10:00 AW	# 4		0.56	mal		CME.		
18	11:00 pres	# 4		0,55	mal		CIMIE		
19	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	#4		0,59	mel		CME		
20		#1,4,6		0.55	MGL		CME		
21	8:35 Am 7	#4		0.67	MGL	-	eme.		
22	8:35/Am t	44		0.50	MGL		CME.		
23	11:15am =	4		0.53	mal	-	CME		
24	10:37+m	#4		0.60	MGL		ME		
		#4		0.63	mal		CME		
	11:12 Am	#2,4		0.65	mal		CME		
27	9:04Am	#4		0.60	MEL		CME		
		# 2,4,6		0.62	mal		CMF		
		# 2, 4, 6	3	0.61	mg(CIME		
0 1	The state of the s	14		0.50	mal		CME		
And the second second	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	FH		0.56		The same of the sa	CME		
as the es, wh	chlorine resid	ual ever less than the ngest time period unt	required minimur	n residual of	2 mg/L?	Yes No	Mand		
GWS	Serving 3,	300 or Fewer	ii die required leve			ore The or			
yes, did you monitor every four hours Did continuous n				monitoring equi	GWS Serving More Than nonitoring equipment fail at any time this P Yes No			s monitoring	
tach those results and submit them with s form. If yes, were grab continuous moni				samples collected every four hours until the toring equipment was returned to service? Yes No No with this form.			equipment faile / Date it was retuservice:	1	
		A, Staleup		1 = 1 = 1 = 2			Certification #-	T-/00000	
nature: Hoyd Stakenp Phone				e#:(541)97	74.3942		Operator Certification #: 7-08998		
: 11412023					1-5/17	OR			
1 1000						Small Groundwater System			