

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

System Name **City Of Oakridge**

PWS ID# **41- 00582**

Month/Year **Feb / 2023** 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	10:06am	#4	0.66 mgL	CME
2	9:58am	#4	0.66 mgL	CME
3	11:26am	#4	0.71 mgL	CME
4	7:00am	#4	0.66 mgL	CME
5	11:27am	#2, 4+6	0.66 mgL	CME
6	9:48am	#4	0.62 mgL	CME
7	8:29am	#4	0.48 mgL	CME
8	9:39am	#4	0.65 mgL	CME
9	9:32am	#1, 2+4	0.66 mgL	CME
10	8:47am	#1, 2+4	0.66 mgL	CME
11	10:25am	#4	0.51 mgL	CME
12	9:50am	#1, 2, 4	0.60 mgL	CME
13	9:47am	#1, 4	0.65 mgL	CME
14	10:11am	#4	0.51 mgL	CME
15	8:35am	#2, 4, 6	0.71 mgL	CME
16	8:26am	#4	0.55 mgL	CME
17	9:43am	#2, 4, 6	0.73 mgL	CME
18	7:58am	#2, 4, 6	0.73 mgL	CME
19	8:46am	#4	0.49 mgL	CME
20	7:40am	#4	0.49 mgL	CME
21	10:07am	#4	0.50 mgL	CME
22	8:07am	#4	1.88 mgL	CME
23	9:26am	#4	1.37 mgL	CME
24	9:59am	#4	1.17 mgL	CME
25	8:00am	#4	1.15 mgL	CME
26	7:44am	#4	1.20 mgL	CME
27	8:51am	#4	1.22 mgL	CME
28	10:20am	#1 #2 #6	1.30 mgL	CME
29				
30				
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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?
 Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____
 Date it was returned to service: _____ / _____ / _____

Printed Name: **Travess Howery**
 Signature: *Travess Howery*
 Date: **02 / 28 / 2023**

Title: **Utility worker I**
 Phone #: **(541)-852-0921**

Operator Certification #: **933316**
 OR
 Small Groundwater System

DWP