

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

System Name City Of Oakridge PWS ID# 41-00582
 Month/Year July 12023 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	9:46am	1, 4, 6	0.95 MGL	C.M.E.
2	10:06am	1, 4, 6	0.77 MGL	C.M.E.
3	9:07am	1, 4, 6	0.86 MGL	C.M.E.
4	10:38am	#4	0.92 MGL	C.M.E.
5	9:30am	#4, 6, 1, 2	0.74 MGL	C.M.E.
6	10:00am	#4	0.90 MGL	C.M.E.
7	9:20am	#4	0.89 MGL	C.M.E.
8	10:45am	#4	0.89 MGL	C.M.E.
9	3:00pm	#4	0.86 MGL	C.M.E.
10	8:20am	#4	0.80 MGL	C.M.E.
11	8:42am	#4	0.90 MGL	C.M.E.
12	8:50am	#1, 2, 4, 6	0.88 MGL	C.M.E.
13	10:00	#4, 2, 6	0.78 MGL	C.M.E.
14	9:14am	#1, 2, 4	0.79 MGL	C.M.E.
15	10:47	#4	0.76 MGL	C.M.E.
16	11:34	#1, 2, 4	0.80 MGL	C.M.E.
17	8:05am	#1, 2, 4	0.84 MGL	C.M.E.
18	10:30am	#4	0.82 MGL	C.M.E.
19	9:10am	#1, 2, 4	0.82 MGL	C.M.E.
20	9:30	#1, 2, 4	0.84 MGL	C.M.E.
21	8:05am	#4	0.80 MGL	C.M.E.
22	10:13am	#4	0.79 MGL	C.M.E.
23	10:43am	#4	0.70 MGL	C.M.E.
24	8:20am	#4	0.75 MGL	C.M.E.
25	8:05am	#4	0.77 MGL	C.M.E.
26	8:15am	#1, 4	0.87 MGL	C.M.E.
27	8:52am	#2, 4, 6	0.86 MGL	C.M.E.
28	8:00am	#2, 4, 6	0.88 MGL	C.M.E.
29	10:51am	#2, 4 + 6	0.86 MGL	C.M.E.
30	10:37am	#2, 4 + 6	0.86 MGL	C.M.E.
31	8:29am	#4	0.93 MGL	C.M.E.

Was the chlorine residual ever less than the required minimum residual of _____ 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? Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: Travess Howery Title: Utility Worker 2 Operator Certification #: 933316
 Signature: Travess Howery Phone #: (541) 852-0821 OR
 Date: 07 13 23 Small Groundwater System

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