

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

System Name City Of Oakridge PWS ID# 41- 00582
 Month/Year Sep 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	8:40Am	#4	0.84	C.M.E
2	10:05Am	1, 2, 4	0.98 MGL	CME.
3	10:17Am	#4	0.95 MGL	CME.
4	10:37Am	#4	0.99 MGL	CME
5	11:27Am	#4	0.86 MGL	CME
6	10:11Am	#1, 2, 4	0.94 MGL	CME
7	9:16Am	#1, 2, 4	1.10 MGL	CME
8	9:39Am	NONE	0.94 MGL	CME
9	7:00am	#4	0.96 MGL	CME
10	11:20am	#4	0.99 MGL	CME
11	8:36am	#4, 2, 6	0.83 MGL	CME
12	8:42 am	#4	1.02 MGL	C.M.E
13	11:21Am	#4	0.99 MGL	C.M.E
14	9:00Am	#4, 6, 1	0.98 MGL	C.M.E
15	11:00Am	#4, 1, 2	1.12 MGL	C.M.E
16	9:00Am	#4	1.07 MGL	C.M.E
17	10:34Am	#4, 1, 6	1.05 MGL	C.M.E
18	11:10am	#4	1.01 MGL	CME
19	9:28am	#4	0.94 MGL	CME
20	9:00am	#4	0.82 MGL	CME
21	1:30pm	#4	0.68 MGL	CME
22	8:48Am	#4	0.66 MGL	CME
23	11:30Am	#4	0.86 MGL	CME
24	9:58Am	#4	0.96 MGL	CME
25	9:03Am	1, 2, 4	0.93 MGL	CME
26	8:44Am	#4	0.69 MGL	C.M.E
27	8:50Am	#4	0.80 MGL	C.M.E
28	9:25Am	1, 2, 4	0.97 MGL	C.M.E
29	9:14Am	1, 2, 4	1.04 MGL	C.M.E
30	10:00am	#4	0.76 MGL	CME
31	8:00Am	#4	0.86 MGL	CME

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 Date continuous monitoring equipment failed: / /</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 Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Travess Howery Title: Utility Worker II/DRC Operator Certification #: 933316
 Signature: [Signature] Phone #: (541) 852-0321 OR
 Date: 10 103 12023 Small Groundwater System

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