

**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 / 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 | 8:35 | #4 | 0.70 mg/L | C.M.E |
| 2 | 8:47 | #4 | 0.72 mg/L | C.M.E |
| 3 | 10:32 | #4 | 0.68 mg/L | C.M.E |
| 4 | 9:47 | #4 | 0.71 mg/L | C.M.E |
| 5 | 9:43 | #4 | 0.77 mg/L | C.M.E |
| 6 | 9:13 | #4 | 0.73 mg/L | C.M.E |
| 7 | 9:00 | #4, 2, 6 | 0.64 mg/L | C.M.E |
| 8 | 9:11 | #4 | 0.69 mg/L | C.M.E |
| 9 | 8:45 | #4 | 0.71 mg/L | C.M.E |
| 10 | 9:10am | #4 | 0.69 mg/L | C.M.E |
| 11 | 9:40am | #2, 4, 6 | 0.71 mg/L | C.M.E |
| 12 | 10:21am | #4 | 0.69 mg/L | C.M.E |
| 13 | 9:00 | #4 | 0.64 mg/L | C.M.E |
| 14 | 11:28 | #4 | 0.75 mg/L | C.M.E |
| 15 | 9:00am | #4 | 0.72 mg/L | C.M.E |
| 16 | 8:52am | #4 | 0.76 mg/L | C.M.E |
| 17 | 10:07am | #4 | 0.81 mg/L | C.M.E |
| 18 | 10:35am | #4 | 0.84 mg/L | C.M.E |
| 19 | 10:44am | #2 + 4 | 0.85 mg/L | C.M.E |
| 20 | 8:56am | #4 | 0.79 mg/L | C.M.E |
| 21 | 9:22am | #4 | 0.72 mg/L | C.M.E |
| 22 | 9:48am | #4 | 0.72 mg/L | C.M.E |
| 23 | 10:50am | #4 | 0.79 mg/L | C.M.E |
| 24 | 8:20am | #4 #1 | 0.91 mg/L | C.M.E |
| 25 | 9:50am | #4 | 0.72 mg/L | C.M.E |
| 26 | 11:59 | #4 | 0.79 mg/L | C.M.E |
| 27 | 8:50 | #4, 2, 6 | 0.79 mg/L | C.M.E |
| 28 | 8:24 | #4 | 0.54 mg/L | C.M.E |
| 29 | 8:35 | #4, 1, 6 | 0.78 mg/L | C.M.E |
| 30 | 8:16 | #4 | 0.77 mg/L | C.M.E |
| 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

Title: Utility Worker #100

Operator Certification #: 933316

Signature: Travess Howery

Phone #: (541) 852-0821

OR

Date: 12 / 01 / 2023

Small Groundwater System

DWP