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

System N	lame	City Of Oal	kridge		PWS	SID# 41	- 00582
Month/Ye	arJan	/2024 Entry F	Point: EPA	Wellfie	ld <b>Requ</b>	ired Minimu	m Residual 0 <sub>e</sub> 2 mg/L
Date	Time	Source(s)	) in use	residual at	ree chlorine entry point to system (mg/L)		Notes
1 9:20 #21			1.01 MgL C.M.E		·F		
	:28	F4,2,6		1,16 MIL		C,m,E	
3 8	:56Pm			1.16 MgL		C.M.E	
		14,2,6		1.14	MgL.	Cimi	
	"OZAM			0.78	Mac	6.m.6	
6 10	2:17 Avn	14 6		0.78	mel	CIM	Faces -
		#2,4,6		0.90	mee.	CM	E.
	MFO	12,4,6		0.87	MG2	C.M	. £
	:44 Am			0.80	MGL	C,M	
	:31Am				MGL.	C.M.	
	105 m	41 0 1		0.89	MGZ	· C.M.	E
	:5ZAM	#4,2,6		0,93	MGL	C.M.	L
	CONTRA	FL		0.8	mac	cm	Emiles Latter
	DOWN	FI H		0.80	L	cm	C.
-	A SWAI	14	0.81	mgl	CME		
100	2:00pm #4 8:45pm #4			0.81 mgl CME			
18 8:3	macr		6.83				
18 8:37 Am #4 19 10:40 Am ## 4				Mac CME			
		421			no-c	CME	
21 9	:20A	#4		0.76 MG (1		I L	
-	1.25 An			0.77 mal C		CM	C
7000	13Am	Am 4 1 76			0.88 mg cm6		
		#11		0.85	mal	cm.	
-		14			mgL	C.M	
	54Am 1			0.76	mg	CIM	
27 1111	OAM '	F4		0 -0	mgt	C.M	4
	135 1	=4		0.73	mgt.	CIMI	
	-	24+6		- 01	mal	C.M.	
		*1.4 h			Mak	cm	
31 8:4	47Am =	4		**************************************	196	C.M	4
Vas the chl	orine resid	lual ever less than the	required minimum	n residual of O	2-mg/L?   Y	es No	• =
			ii ule required leve		-		
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
f yes, did yo intil the resi	ou monitor idual returi	every four hours ned to mg/L?	Did continuous r reporting month	monitoring equipment fail at any time this?			Date continuous monitoring equipment failed:
ins form. continuous moni				o samples collected every four hours until the itoring equipment was returned to service?  Yes No ple results and submit them with this form.			Date it was returned to service:
inted Name	Trai	ress Howe	-	Utility work			Certification #: 933316
gnature: 🧟	9/		1			operator	
			Filon	e#:(541)8	2-0821		OR
ate: /	1311	2024		Sma			oundwater System