

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year April / 2024 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	8:53am	#4		
2	8:42am	#4	0.55 MGL	CME.
3	8:39am	#4	0.69 MGL	CME.
4	8:23am	#1, 4	0.50 MGL	CME
5	9:25am	#4	0.53 MGL	CME
6	9:32am	#2, 4+6	0.96 MGL	CME
7	8:30am	#4	0.80 MGL	CME
8	9:45am	#4	0.42 MGL	CME
9	8:34am	#4	0.73 MGL	CME
10	9:03am	#4	0.99 MGL	CME
11	8:49am	#4	1.09 MGL	CME
12	9:00am	#2, 4	1.30 MGL	CME
13	9:53am	2, 4, 6	1.19 MGL	CME
14	10:50am	2, 4, 6	2.68 MGL	C.M.E
15	8:07am	1, 4	2.58 MGL	C.M.E
16	8:23am	#4	2.75 MGL	C.M.E
17	8:24am	#4	0.66 MGL	CME.
18	8:23am	#2, 4, 6	0.79 MGL	CME
19	9:01am	#4	0.76 MGL	CME.
20	9:05am	#4	0.83 MGL	C.M.E
21	9:11am	#2, 4, 6	0.81 MGL	C.M.E
22	8:20am	4	1.03 MGL	C.M.E
23	9:01am	#4	2.82 MGL	C.M.E
24	8:17am	#4	0.84 MGL	C.M.E
25	9:00am	#4	0.91 MGL	C.M.E
26	8:43am	#4, 1	0.48 MGL	C.M.E
27	9:20am	#2, 4, 6	0.66 MGL	C.M.E
28	11:23am	#2, 4, 6	0.54 MGL	CME
29	9:17am	#2, 4, 6	0.54 MGL	CME.
30	8:55am	#4	0.52 MGL	CME.
31			0.53 MGL	CME.

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 II/DRC

Operator Certification #: 933316

Signature: Travess Howery

Phone #: (541) 852-0821

OR

Date: 04/30/2024

Small Groundwater System

DWP