

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

System Name City Of Oakridge PWS ID# 41- 00582
 Month/Year 06 / 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	11:17 AM	#2, 4	0.38 mg/L	CME
2	12:31 PM	#2, 4	0.36 mg/L	C.M.E
3	9:06 am	#4	0.35 mg/L	CME
4	8:53 am	#4	0.38 mg/L	CME
5	8:53 am	#4	0.63 mg/L	CME
6	8:08 am	#4	0.50 mg/L	CME
7	9:37 am	#4	0.49 mg/L	CME
8	5:00 am	#4	0.45 mg/L	CME
9	5:37 am	#4	0.58 mg/L	CME
10	8:40 am	#2, 4, 6	0.48 mg/L	CME
11	9:18 am	#4	0.46 mg/L	CME
12	8:58 am	#2, 4, 6	0.51 mg/L	CME
13	8:30 am	#2, 4, 6	0.47 mg/L	CME
14	9:27 am	#4	0.46 mg/L	CME
15	8:41 am	#4	0.43 mg/L	CME
16	9:05	#4	0.44 mg/L	C.M.E
17	8:37 am	#1, 4 & 6	0.46 mg/L	C.M.E
18	9:07 am	#1, 2, 4, 6	0.44 mg/L	CME
19	9:13 am	#1, 2, 4 & 6	0.44 mg/L	C.M.E
20	1:13 pm	#1, 4, 6	0.42 mg/L	CME
21	6:40 am	#4	0.42 mg/L	CME
22	10:20 am	#2, 4, 6	0.45 mg/L	C.M.E.
23	11:30 am	#4	0.45 mg/L	CME
24	1:00 pm	#2, 4, 6	0.45 mg/L	CME
25	8:44 am	#2, 4, 6	0.43 mg/L	CME
26	8:48 am	#2, 4, 6	0.45 mg/L	CME
27	8:15 am	#2, 4 & 6	0.43 mg/L	CME
28	9:50 am	#2, 4	0.50 mg/L	CME
29	10:50 am	#2	0.42 mg/L	C.M.E
30	12:00	#4, 1, 6	0.42 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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p>Attach those results and submit them with this form.</p>	<p align="center">GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</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</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>

Printed Name: Travess Howery Title: Utility Worker II/DC Operator Certification #: 933316
 Signature: Travess Howery Phone #: (541) 852-0821
 Date: 06/28/2024
 Small Groundwater System

DWP