

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

System Name City Of Oakridge PWS ID# 41- 00582  
 Month/Year 07/2024 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	9:09am	#1, 4, 6	0.43 MGL	CME
2	9:38am	#4	0.46 MGL	CME
3	8:19am	#4	0.39 MGL	C.M.E
4	9:20	#4	0.59 MGL	C.M.E
5	9:00	#4, 1, 2	0.39 MGL	C.M.E
6	9:40	#4	0.38 MGL	C.M.E
7	9:05	#1, 2, 4, 6	0.39 MGL	C.M.E
8	8:16am	#1, 2, 4, 6	0.30 MGL	CME
9	8:32am	#1, 2, 4	0.39 MGL	CME
10	8:37am	#2, 4, 6	0.46 MGL	CME
11	8:10am	#2, 4, 6	0.43 MGL	C.M.E
12	9:48am	#4	0.34 MGL	C.M.E
13	10:42am	#2, 4, 6	0.34 MGL	CME
14	10:36am	#2, 4, 6	0.33 MGL	CME
15	9:52am	#4	0.33 MGL	CME
16	9:38am	#2, 4, 6	0.42 MGL	CME
17	8:43am	#2, 4, 6	0.44 MGL	CME
18	8:48am	#1, 2, 4, 6	0.42 MGL	CME
19	3:37am	#4	0.43 MGL	CME
20	11:14am	#1, 2, 4, 6	0.41 MGL	C.M.E
21	12:20pm	#2, 4, 6	0.43 MGL	C.M.E
22	9:02am	#2, 4, 6	0.42 MGL	CME
23	8:49am	#2, 4, 6	0.46 MGL	C.M.E
24	8:52am	#4	0.51 MGL	C.M.E
25	8:00am	#4, 2, 1, 6	0.50 MGL	C.M.E
26	8:52am	#4, 2, 1, 6	0.49 MGL	C.M.E
27	8:45am	#4, 2, 6	0.51 MGL	C.M.E
28	9:30am	#4, 2, 6	0.50 MGL	C.M.E
29	8:21am	#4	0.53 MGL	C.M.E
30	12:54pm	#4	0.53 MGL	CME
31	9:00am	#4	0.54 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? One hour

<p><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" 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:  <u>07/17/24</u></p> <p>Date it was returned to service:  <u>1 1</u></p>

Printed Name: Travess Howery Title: Water Crew Leader/DRC Operator Certification #: 933316  
 Signature: [Signature] Phone #: (541) 852-0821  
 Date: 07/31/2024 OR  
 Small Groundwater System

DWP