

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

System Name City Of Oakridge PWS ID# 41- 00582
 Month/Year Sep. 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	9:50am	2, 4, 6	0.65 mg/L	C.M.E
2	9:00am	4	0.66 mg/L	C.M.E
3	9:28am	2, 4, 6	0.61 mg/L	C.M.E
4	9:10am	2, 4, 6	0.78 mg/L	C.M.E
5	9:45am	2, 4, 6	0.76 mg/L	C.M.E
6	8:39am	4	0.43 mg/L	C.M.E
7	8:55am	2, 4, 6	0.45 mg/L	C.M.F
8	10:03	#4	0.49 mg/L	C.M.F
9	8:43	1, 2, 4, 6	0.45 mg/L	C.M.E
10	8:30am	#4	0.44 mg/L	C.M.E
11	8:33am	2, 4, 6	0.43 mg/L	C.M.E
12	9:02am	2, 4, 6	0.52 mg/L	C.M.E
13	8:30am	2, 4, 6	0.48 mg/L	C.M.E
14	11:34am	#4	0.47 mg/L	C.M.E
15	11:11am	#4	0.49 mg/L	C.M.E
16	8:40am	#4, 2	0.49 mg/L	C.M.E
17	7:50am	#4	0.41 mg/L	C.M.E
18	7:54am	1, 2, 4, 6	0.43 mg/L	C.M.E
19	8:14am	#4	0.47 mg/L	C.M.E
20	8:19am	#4	0.50 mg/L	C.M.E
21	9:47am	#4	0.42 mg/L	C.M.E
22	10:51am	2, 4, 6	0.47 mg/L	C.M.E
23	10:50am	#4	0.45 mg/L	C.M.E
24	8:25am	2, 4, 6	0.53 mg/L	C.M.E
25	8:09am	#4	0.46 mg/L	C.M.E
26	7:52am	4, 6	0.49 mg/L	C.M.E
27	8:54am	1, 4	0.47 mg/L	C.M.E
28	9:30am	2, 4, 6	0.72 mg/L	C.M.E
29	10:05am	#4	0.67 mg/L	C.M.E
30	9:20am	1, 2, 4, 6	0.67 mg/L	C.M.E
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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 Attach grab sample results and submit them with this form.		Date continuous monitoring equipment failed: / / Date it was returned to service: / /
Printed Name: <u>Travess Howery</u> Signature: <u>Travess Howery</u> Date: <u>10/1/2024</u>		Title: <u>Crewleader/DRC</u> Phone #: <u>(541) 852 0821</u>		Operator Certification #: <u>933316</u> OR Small Groundwater System <input type="checkbox"/>

DWP