

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year Oct / 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	9:40 AM	#4	0.66 MGL	C.M.E
2	8:23 AM	#2, 4, 6	0.82 MGL	C.M.E.
3	8:20 am	#4	0.62 MGL	C.M.E.
4	8:40	#4	0.67 MGL	C.M.E.
5	11:22 am	#2, 4, 6	0.79 MGL	C.M.E.
6	12:32 am	#4	0.77 MGL	C.M.E.
7	9:25 am	#4, 6	0.71 MGL	C.M.E.
8	9:26 am	#4	0.45 MGL	C.M.E.
9	9:20 am	#4	0.45 MGL	C.M.E.
10	9:55 am	#4	0.46 MGL	C.M.E.
11	9:00 am	#4	0.44 MGL	C.M.E.
12	10:05 am	#4	0.44 MGL	C.M.E.
13	10:30 pm	2, 4, 6	0.49 MGL	C.M.E.
14	9:12 am	#2, 4, 6	0.47 MGL	C.M.E.
15	9:02 am	#4	0.47 MGL	C.M.E.
16	9:17 am	#4, 6	0.49 MGL	C.M.E.
17	8:55 am	#1, 4	0.47 MGL	C.M.E.
18	9:39 am	#4	0.25 MGL	C.M.E.
19	9:30 am	#2, 4, 6	0.68 MGL	C.M.E.
20	10:10 am	#2, 4, 6	0.81 MGL	C.M.E.
21	9:04 am	#2, 4, 6	0.65 MGL	C.M.E.
22	8:26 am	#4	0.49 MGL	C.M.E.
23	9:28 am	#2, 4, 6	0.48 MGL	C.M.E.
24	8:26 am	#4	0.64 MGL	C.M.E.
25	10:18 am	#4	0.43 MGL	C.M.E.
26	12:24 pm	#1, 2, 4, 6	0.48 MGL	C.M.E.
27	10:54 am	#4	0.47 MGL	C.M.E.
28	8:35 am	#4	0.47 MGL	C.M.E.
29	8:39 am	#4	0.47 MGL	C.M.E.
30	8:20 am	#4	0.53 MGL	C.M.E.
31	9:36 am	#4	0.52 MGL	C.M.E.

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
Signature: Travess Howery
Date: 10/31/2024

Title: Chewleader/DRE
Phone #: (541) 852-0821

Operator Certification #: 933316
OR
Small Groundwater System

DWP