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

						The second secon	ACTOR NAME OF THE OWNER, OR OTHER		
Syste	m Name	City Of Oa	kridge		PWS	S ID# 41	00582		
Month/Year APril / 2025 Entry Poi			Point: EPA	Wellfield Required Minim			ım Residual	0 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	女 4		0.65 mgc		C.M.E			
2	8:50	#4		0.51 mg L		C.M.E			
3	8:17	#4		0.66	mgc		C.M.E		
4	9:35	44		0.55	mgc		c. m. E		
5	9:40	#2.46		0.97	MGL		C.M.E		
6	10:00m	型山		0,70	M66		,M.E		
7	9:15 AM			0.46	mg L.		- n. £		
8	9:05 MM	2,4,6			ngl		CME		
9	9:31An	2,4,6		0.45	mgL	<	CME		
10	8:38	2,4		0.87	ngl		ME		
11	9:48	_4			mac		CME		
12 13	9:39 am	2,4,6			MyL		CME		
14	10:31 am	1.4		0.49	Mac		CMG		
15	9:20 am	2 4 /		0.74	Mal		CME		
16	9:40 am	3416		0.64	MC		CME		
17	9:41 am	10		0.65	MYL		CME		
18	9138 am	7			-		CME		
19	10:39	2.4		D.66	MEL		CME	·	
20	11:50	4		0.65	. 12		e, m. E		
21	8:19	2,46		0.5	3 mgL		cim. E		
22	9:40	246			OMGL		C.M.E		
23	8:29	4/1			onge		C.M.E		
24	8:46	2,4.6		0.4			C.M.E		
25	9:46	2,4,6			45 mal		C.M.E		
26	8:19	4		0.6			C.M.E		
27	7:50	2,4,6		0.6	(1)	*	C.M.E		
28	9:00	4		0.6	- 4		C.M.E		
29	8:09	4			O MaL		c m E		
30	9:05	2,4,6		0-1			C. M.		
31		,			3				
Was the chlorine residual ever less than the required minimum residual of 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				GWS Serving More Than 3,300					
If yes, did you monitor every four hours until the residual returned to mg/L? Did col reportion			Did continuous m reporting month?	ntinuous monitoring equipment fail at any time this pate continuous equipment failed					
Attach th this form		nd submit them with	If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Yes No Date it was returned to service:						
	Attach grab sa			nple results and submit them with this form.			1 1	p.c	
rinted Na	rinted Name: Clint Whitney			Title: D.R.C			Operator Certification #: 1-08971		
gnature: Cht & hlusty			Phone #: (541) 554-7698			OR			
ate: 5		2025				Small C-	2.3 图5		
ию. e		Control Contro	-		Carrie State Contract	Small Gr	oundwater Syster	m L j	
	BMb			9.53			West Street		