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

| System Name City O | | City Of Oa | kridge | | PWS ID# 4 1 | I- 00582 | |
|--|----------------------|-------------|---|---|--|----------------------------|--|
| Мо | nth/Year <i>SeP4</i> | 12025 Entry | Point: EPA | Wellfield | Required Minim | um Residual | |
| Da | Date Time Source(s | | s) in use | Lowest free chloring residual at entry point distribution system (m | nt to | Notes | |
| - | 1 8:06 4 | | 6 | 0.70 MgL | | C.M.E. | |
| | 2 10:00 | | | -67 MGL | | ME | |
| 3 | | | | .71 MGL | | CNE | |
| 4 | | 1,4,6 | | .73 MGL | | ME | |
| 5 | 9:00 | 1,2,4,6 |) | .67MGL | | IME | |
| 6 7 | 9:00 | 2,4,6 | | :63 mgl | | · MiE | |
| 8 | 11:00 | 2,4,6 | | 163 MgC | < | · miE | |
| 9 | 8:30 | 2,4,6 | | .66 mgl | | ME | |
| 10 | | 2,4 | | .56 mgL | | ME | |
| 11 | 8:30 | 11 | | 12 Mg 4 | C | ME | |
| 12 | 8.30 | 7 | | · 10 mgt | | ME | |
| 13 | 7:30 | 2,4 | | .68 mgL | | ME | |
| 14 | 7:30 | 24 | | 0.72 righ | | ME | |
| 15 | 11:05 | 1,2,46 | | 0.67 ng c | | ne. | |
| 16 | 10:54 | 4, | | 0.62 006 - | | - 10 5 | |
| 17 | 7 8:15 2,4 | | | 0.65 ngl EME | | ME | |
| 18 | | | 0.75 mgL | | ML | | |
| 19 | | | 0.65 rige cree | | CME | | |
| 20 | 8:10 | 4 | | 0,53 mg | 1 6 | EME | |
| - | 21 81,20 2 46 | | - | 0.65 MGL CME | | ME | |
| 22 | 9:20 | 4 | | 0.61 MGL | | ME | |
| 23 | 8:45 | 4 | | 0.61 MGL | | ME | |
| 24 | 8:00 | 2,4,6 | | 0.60 MGL | - 01 | NE | |
| 25 | 8:25 | 4 | • | 0.68M6L | - C1 | 10 | |
| 26 | 8:10 | 4 | | 0.61 MGL | CA | 1K | |
| 28 | 8:48 | - LI | | 0,56 MgL | | M.E. | |
| 29 | 9:45 | 2 4/ | | 0.53 MgL | С, | M.E | |
| 30 | 8130 | 2,46 | | 55 MOL | 0. | WE | |
| 31 | | | . 51 MGL | | CME | | |
| W. H. Li | | | | | | | |
| 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 continuous monitoring equipment fail at any time this | | | Date continuous monitoring | |
| ł | | | equipment fai | | | equipment failed: | |
| Attach those results and submit them with this form. | | | If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? Date it was returned to service: | | | | |
| | | | Attach grab sample results and submit them with this form. / | | / / | | |
| Printed | Name: Clin | + whitney | Title: D. R. | | | Certification #: T- 8397 | |
| Signature: Chit Kut | | | Phone #: (541)554-7649 | | | OR | |
| Date: / | 01716 | 2025 | | | 11 12 19 21 19 19 19 19 19 19 19 19 19 19 19 19 19 | oundwater System | |
| | DWP | 1 | | | J Cilian On | Sandwater System [| |