

**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 1 2025	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	8:40	4	.42 MGL	C.M.E
2	8:25	4	.52 MGL	C.M.E
3	9:25	4	.57 MGL	C.M.E
4	9:42	2,4,6	0.46 MGL	C.M.E
5	7:15	4	0.55 MGL	C.M.E
6	8:30	2,4,6	0.50 MGL	C.M.E
7	9:05	4	0.44 MGL	C.M.E
8	7:40	4	0.44 MGL	C.M.E
9	8:15	2,4	0.50 MGL	C.M.E
10	8:45	2,4,6	0.52 MGL	C.M.E
11	9:09	4	0.47 mg/L	C.M.E
12	10:00	2,4,6	0.50 MGL	C.M.E
13	8:40	4	0.50 MGL	C.M.E
14	8:50	2,4,6	0.51 MGL	C.M.E
15	8:35	4	0.47 MGL	C.M.E
16	8:39	4,2,6	0.20 MGL	C.M.E
17	1:00 PM	4,2,6	0.40 MGL	C.M.E
18	7:10	4	0.51 MGL	C.M.E
19	7:15	4	0.50 MGL	C.M.E
20	8:49	2,4,6	0.42 MGL	C.M.E
21	9:39	4	0.43 mg/L	C.M.E
22	8:00	4	0.41 mg/L	C.M.E
23	8:40	4	0.38 MGL	C.M.E
24	9:10	2,4,6	0.33 MGL	C.M.E
25	7:50	4	0.41 MGL	C.M.E
26	9:05	4	0.34 MGL	C.M.E
27	8:15	1,2,4,6	0.43 MGL	C.M.E
28	8:05	4	0.35 MGL	C.M.E
29	8:30	4	0.38 MGL	C.M.E
30	8:10	4	0.35 MGL	C.M.E
31	8:30	4	0.40 MGL	C.M.E
Was the chlorine residual ever less than the required minimum residual of mg/L? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the longest time period until the required level was restored? hours				
<b>GWS Serving 3,300 or Fewer</b>		<b>GWS Serving More Than 3,300</b>		
If yes, did you monitor every four hours until the residual returned to mg/L? <i>Attach those results and submit them with this form.</i>		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 <i>Attach grab sample results and submit them with this form.</i>		
		Date continuous monitoring equipment failed: / / Date it was returned to service: / /		
Printed Name: <u>Clint Whitney</u> Signature: <u>Clint E. Whitney</u> Date: <u>1st 15/12025</u>		Title: <u>D.R.C</u> Phone #: <u>(541) 554-2698</u>		Operator Certification #: <u>T-08971</u> OR Small Groundwater System <input type="checkbox"/>