

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year 2021 / NOV. 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	9:34/Am	# 4	0.72 mg/L	CME
2	9:27/Am	#4	0.79 mg/L	CME
3	11:00/Am	# 4	0.71 mg/L	CME
4	10:25/Am	#4	0.73 mg/L	CME
5	10:24/Am	# 2 4	0.81 mg/L	CME
6	9:38/Am	#2, 4, 6	0.70 MGL	CME
7	10:24/Am	#2, 4, 6	0.67 MGL	CME
8	9:01/Am	#2, 4, 6	0.70 MGL	CME
9	9:55/Am	# 1, 2, 4	0.72 mg/L	CME
10	10:40/Am	# 1, 2, 4	0.71 mg/L	CME
11	9:43/Am	# 4	0.68 mg/L	CME
12	10:00/Am	# 4	0.78 mg/L	CME
13	10:32/Am	# 4	0.76 mg/L	CME
14	10:26/Am	# 2 & 4	0.72 mg/L	CME
15	9:05/Am	# 2, 4, 6	0.71 mg/L	CME
16	9:42/Am	# 1, 2, 4, 6	0.68 mg/L	CME
17	8:20/Am	# 4	0.64 mg/L	CME
18	9:05/Am	# 4	0.78 mg/L	CME
19	9:12/Am	# 4	0.73 mg/L	CME
20	8:40/Am	# 2, 4, 6	0.56 mg/L	CME
21	9:10/Am	# 4	0.64 mg/L	CME
22	9:25/Am	# 4	0.62 mg/L	CME
23	9:23/Am	# 4	0.66 mg/L	CME
24	8:58/Am	# 4	0.73 mg/L	CME
25	7:06/Am	# 4	0.67 mg/L	CME
26	8:15/Am	# 4	0.68 mg/L	CME
27	8:12/Am	# 4	0.64 mg/L	CME
28	9:21/Am	# 4	0.61 mg/L	CME
29	9:10/Am	# 4	0.61 mg/L	CME
30	8:17/Am	# 4	0.63 MGL	CME
31				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

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Floyd Stalcup Title: UTILITY WORKER III Operator Certification #: T-08998
 Signature: Floyd Stalcup Phone #: (541) 974-3942 OR
 Date: 12 / 1 / 2021 Small Groundwater System

DWP,
PO Box 14450