

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year Dec 1 2021 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	9:38/Am	# 4	0.63 mg/L	C M E
2	9:34/Am	# 4	0.68 mg/L	C M E
3	9:45/Am	# 2,4,6	0.65 mg/L	C M E
4	10:20 Am	# 2,4,6	0.63 mg/L	C M E
5	9:35 AM	# 4	0.65 mg/L	C M E
6	9:30am	#4	0.64 mg/L	C M E
7	8:48 AM	#4	0.64 mg/L	C M E
8	9:03am	#1, 2+4	0.93 mg/L	C M E
9	8:54 AM	#1, 2, 4+6	0.94 mg/L	C M E
10	10:09/Am	# 1, 2, 4	0.93 mg/L	C M E
11	9:30/Am	# 4	0.79 mg/L	C M E
12	10:15/Am	#4	0.82 mg/L	C M E
13	9:38am	#4	0.78 mg/L	C M E
14	9:29/Am	# 4	0.87 mg/L	C M E
15	9:31/Am	# 2, 4, 6	0.73 mg/L	C M E
16	9:26/Am	# 4	0.70 mg/L	C M E
17	9:47/Am	# 4	0.64 mg/L	C M E
18	11:00 AM	#4	0.63 mg/L	C M E
19	10:45 AM	# 4	0.62 mg/L	C M E
20	9:17/Am	# 4	0.71 mg/L	C M E
21	9:05/Am	#1, 2, 4	0.79 mg/L	C M E
22	9:12/Am	#1, 2, 4	0.66 mg/L	C M E
23	9:52/Am	# 4	0.59 mg/L	C M E
24	8:15 am	#4	0.69 mg/L	C M E
25	9:12/Am	# 4	0.64 mg/L	C M E
26	8:08/Am	# 4	0.72 mg/L	C M E
27	9:24/Am	# 4	0.63 mg/L	C M E
28	9:00/Am	# 4	0.62 mg/L	C M E
29	9:51/Am	# 4	0.58 mg/L	C M E
30	8:39/Am	# 4	0.70 mg/L	C M E
31	8:05 AM	#4	0.67 mg/L	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>

Printed Name: Floyd A. Stalcup Title: UTILITY SUPERVISOR III Operator Certification #: T-08998
 Signature: Floyd A. Stalcup Phone #: (541) 974-3942 OR
 Date: 12 / 31 / 2021 Small Groundwater System

DWP
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