

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

System Name City Of Oakridge PWS ID# 41- 00582
 Month/Year April / 2022 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	9:25 Am	#1, 2, 4	0.91 mg/L	C.M.E.
2	9:40 Am	#1, 2 & 4	0.89 mg/L	C.M.E.
3	9:00 Am	#4	0.65 mg/L	C.M.E.
4	9:28 Am	#4	0.70 mg/L	C.M.E.
5	8:12 Am	#4	0.70 mg/L	C.M.E.
6	8:58 Am	#4	0.81 mg/L	C.M.E.
7	8:51 Am	#4	0.81 mg/L	C.M.E.
8	9:14 Am	#4	0.81 mg/L	C.M.E.
9	8:20 Am	#2, 4, 6	0.83 mg/L	C.M.E.
10	8:40 Am	#4	0.71 mg/L	C.M.E.
11	8:37 Am	#4	0.69 mg/L	C.M.E.
12	8:19 Am	#1, 4	0.90 mg/L	C.M.E.
13	8:38 Am	#1, 2, 4	0.94 mg/L	C.M.E.
14	10:07 Am	#1, 2, 4	0.92 mg/L	C.M.E.
15	9:31 Am	#2 & 4	0.97 mg/L	C.M.E.
16	9:30 Am	#4	0.70 mg/L	C.M.E.
17	1:10 pm	#1, 2 & 4	0.92 mg/L	C.M.E.
18	8:47 Am	#4	0.88 mg/L	C.M.E.
19	8:46 Am	#2, 4, 6	0.90 mg/L	C.M.E.
20	9:12 Am	#1, 2, 4, & 6	0.60 mg/L	C.M.E.
21	9:30 Am	#2, 4, 6	0.60 mg/L	C.M.E.
22	8:59 Am	#4	0.62 mg/L	C.M.E.
23	10:02 Am	#4	0.61 mg/L	C.M.E.
24	9:40 Am	#4	0.61 mg/L	C.M.E.
25	9:05 Am	#4	0.73 mg/L	C.M.E.
26	8:30 Am	#1, 2 & 4	0.73 mg/L	C.M.E.
27	8:23 Am	#1, 2, 4	0.60 mg/L	C.M.E.
28	8:24 Am	#4	0.60 mg/L	C.M.E.
29	9:19 Am	#4	0.58 mg/L	C.M.E.
30	9:10 Am	#4	0.61 mg/L	C.M.E.
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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 Staleup Title: utility worker III Operator Certification #: T-08998
 Signature: Floyd Staleup Phone #: (541) 974-3942 OR
 Date: 5 / 2 / 2022 Small Groundwater System

DWP
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