

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

System Name City Of Oakridge PWS ID# 41- 00582
 Month/Year JAN / 2023 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	8:09am	# 4	0.47 mg/L	CME
2	8:34am	# 2, 4	0.68 mg/L	CME
3	9:12am	#4	0.50 mg/L	CME
4	9:01am	# 2, 4, 6	0.65 mg/L	CME
5	8:30am	# 2, 4, 6	0.62 mg/L	CME
6	8:50am	#4	0.49 mg/L	CME.
7	8:00am	#4	0.50 mg/L	CME
8	6:00am	#4	0.51 mg/L	CME
9	8:56am	# 2, 4	0.70 mg/L	CME
10	8:27am	# 1, 4	0.60 mg/L	CME
11	8:06am	# 1, 2, 4	0.70 mg/L	CME
12	8:20am	#4	0.65 mg/L	CME
13	9:43am	# 2, 4 + 6	0.52 mg/L	CME
14	10:09am	# 4	0.70 mg/L	CME
15	10:15am	# 4	0.55 mg/L	CME
16	10:10am	#4	0.63 mg/L	CME
17	8:24am	#4	0.63 mg/L	CME.
18	1:38pm	#4	0.70 mg/L	CME.
19	8:32am	# 1, 2, 4, 6	0.65 mg/L	CME
20	9:17am	#4	0.49 mg/L	CME
21	10:45am	#4	0.74 mg/L	CME
22	10:28am	# 4	0.52 mg/L	CME.
23	8:54am	#4	0.52 mg/L	CME
24	8:53am	# 1, 2, 4	0.76 mg/L	CME
25	9:57am	# 2, 4	0.68 mg/L	CME
26	8:30am	#4	0.53 mg/L	CME
27	9:15am	# 1, 2, 4	0.74 mg/L	CME
28	8:47am	# 4	0.67 mg/L	CME
29	9:00am	# 4	0.52 mg/L	CME
30	9:00am	#4	0.74 mg/L	CME.
31	8:54am	#4	0.58 mg/L	CME.

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? 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 Stalcup Title: CREWLEADER Operator Certification #: T-08998
 Signature: Floyd Stalcup Phone #: (541) 974-3942 OR
 Date: 2/1/23 Small Groundwater System

DWP