

**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 /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 | 10:23am | #1, 4, 6 | 1.10 mg/L | CME |
| 2 | 10:00am | #4 | 1.21 mg/L | CME |
| 3 | 9:13am | #4 | 1.02 mg/L | CME |
| 4 | 9:18am | #4 | 1.07 mg/L | CME |
| 5 | 9:07am | #4 | 1.08 mg/L | CME |
| 6 | 10:30am | #4 | 1.07 mg/L | CME |
| 7 | 10:40am | #4 | 1.11 mg/L | CME |
| 8 | 6:54am | #4 | 1.10 mg/L | CME |
| 9 | 10:05am | #1+4 | 1.12 mg/L | CME |
| 10 | 8:25am | #4 | 1.08 mg/L | CME |
| 11 | 9:00am | #1, 4+6 | 1.12 mg/L | CME |
| 12 | 8:46am | #1, 4+6 | 1.15 mg/L | CME |
| 13 | 8:56am | #4 | 1.09 mg/L | CME |
| 14 | 10:17am | #1, 4+6 | 1.14 mg/L | CME |
| 15 | 9:52am | #4 | 1.12 mg/L | CME |
| 16 | 9:30am | #2, 4, 6 | 1.11 mg/L | CME |
| 17 | 8:26am | #4 | 1.06 mg/L | CME |
| 18 | 8:37 | #1, 4, 6 | 1.11 mg/L | CME |
| 19 | 9:58am | #1, 4 | 1.18 mg/L | CME |
| 20 | 12:55pm | #4 | 1.03 mg/L | CME |
| 21 | 8:52am | #4 | 1.12 mg/L | CME |
| 22 | 8:17am | #4 | 1.07 mg/L | CME |
| 23 | 9:28am | #4 | 1.04 mg/L | CME |
| 24 | 8:53am | #4 | 1.05 mg/L | CME |
| 25 | 9:09am | #4 | 1.07 mg/L | CME |
| 26 | 9:48am | #4 | 1.15 mg/L | CME |
| 27 | 12:55 | #4 | 1.08 mg/L | CME |
| 28 | 11:28 | #4 | 0.92 mg/L | CME |
| 29 | 6:45am | #1, 4+6 | 1.07 mg/L | CME |
| 30 | 9:05am | #1, 4+6 | 1.10 mg/L | CME |
| 31 | | | | |

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 align="center">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: Travess Howery
 Signature: Travess Howery
 Date: 05/01/2023

Title: Utility Worker II / DRL Operator Certification #: 933316
 Phone #: (541) 852-0821

OR
 Small Groundwater System

DWP