

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year June / 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	8:30am	#4	0.90 mg/L	C.M.E.
2	9:58	#4 #2 #1	0.92 mg/L	C.M.E.
3	9:40 am	#2, #4	1.02 mg/L	CME
4	10:30 am	#2, 2, 4	0.86 mg/L	CME
5	8:15 am	#1, 2, 4	0.50 mg/L	CME
6	9:00 am	#4	0.81 mg/L	CME
7	1:00 pm	#4	0.86 mg/L	CME
8	1:05 pm	#4	0.80 mg/L	CME
9	12:49 p	#4	0.95 mg/L	CME
10	10:40 am	#2, 4	1.02 mg/L	CME
11	9:30 am	#1, 2, 4	0.91 mg/L	CME
12	9:40 am	#1, 2, 4	0.92 mg/L	CME
13	12:49 pm	#4	1.09 mg/L	CME
14	3:06 pm	#4	1.10 mg/L	CME
15	1:20 pm	#4	.83 mg/L	CME
16	12:50 pm	#4	.97 mg/L	CME
17	6:00 am	#4	.99 mg/L	CME
18	12:41 pm	#2, 4	1.16 mg/L	CME
19	4:35 pm	#1, 2, 4, 6	1.01 mg/L	CME
20	10:58	#4	1.10 mg/L	CME
21	1:35	#4	.99 mg/L	CME
22	9:20	#4, 1, 6	1.07 mg/L	CME
23	9:13	#4, 6	1.07 mg/L	CME
24	8:53	#1, 4, 6	1.16 mg/L	CME
25	9:30	#1, 4, 6	.89 mg/L	CME
26	8:35 am	#1, 4, 6	.94 mg/L	CME
27	8:30 am	1, 4	1.01 mg/L	CME
28	12:54 pm	1, 2, 4	.98 mg/L	CME
29	10:23 am	#2, 4	1.01 mg/L	CME
30	10:21 am	#1, 4, 6	1.02 mg/L	CME
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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 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 Title: Utility worker II/DRC Operator Certification #: 933316
 Signature: Travess Howery Phone #: (541) 852-0821
 Date: 07/03/2023 OR
 Small Groundwater System

DWP