

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year August / 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	8:44 Am	# 1, 2, 6	0.81 mg/L	C.M.E.
2	8:44 Am	# 1, 4, 2	0.71 mg/L	C.M.E.
3	8:38 Am	# 1, 4, 2	0.87 mg/L	C.M.E.
4	9:10 Am	# 4	0.67 mg/L	C.M.E.
5	8:13 Am	# 2 # 4	0.96 mg/L	C.M.E.
6	9:36 Am	# 1 # 2 # 4 # 6	0.60 mg/L	C.M.E.
7	9:17	None	0.82 mg/L	C.M.E.
8	12:55 pm	# 2, 4 + 6	0.75 mg/L	C.M.E.
9	8:12 Am	# 4, 2, 6	0.72 mg/L	C.M.E.
10	8:59 Am	# 1, 4, 2, 6	0.71 mg/L	C.M.E.
11	8:23 Am	# 4	0.81 mg/L	C.M.E.
12	10:59 Am	# 2, 4, 6	0.75 mg/L	C.M.E.
13	1:24 pm	# 7	0.85 mg/L	C.M.E.
14	8:54 Am	# 4	0.80 mg/L	C.M.E.
15	8:33 Am	# 2, 4, 6	0.93 mg/L	C.M.E.
16	8:56 am	# 2 + 6	0.82 mg/L	C.M.E.
17	9:30 Am	# 1 + 2	0.86 mg/L	C.M.E.
18	10:00 Am	# 1, 2	0.87 mg/L	C.M.E.
19	3:03 pm	# 2, 4 + 6	0.88 mg/L	C.M.E.
20	8:00 am	# 4	0.83 mg/L	C.M.E.
21	10 PM	# 2, 4	1.09 mg/L	C.M.E.
22	9:10	# 4	0.97 mg/L	C.M.E.
23	9:00	# 2, 6	0.95 mg/L	C.M.E.
24	8:31 Am	# 2, 6	1.04 mg/L	C.M.E.
25	9:28	# 2, 6	1.02 mg/L	C.M.E.
26	10:30	# 1, 2, 4, 6	0.78 mg/L	C.M.E.
27	10:00	# 4	0.89 mg/L	C.M.E.
28	12:40 Am	# 4	0.92 mg/L	C.M.E.
29	9:00 Am	# 4	0.98 mg/L	C.M.E.
30	8:33 Am	# 2, 6	0.91 mg/L	C.M.E.
31	9:30 Am	none	0.84 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: Travess Howery Title: Utility worker I/PRC Operator Certification #: 935316  
 Signature: Travess Howery Phone #: (541) 852-0821 OR  
 Date: 08 131 2023 Small Groundwater System

DWP