

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year March / 2024 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	8:14 AM	#4	0.70 mg/L	C.M.E
2	9:12 AM	#4	0.89 mg/L	C.M.E
3	10:15 AM	#4	0.78 mg/L	C.M.E.
4	9:00 AM	#4, 2	0.89 mg/L	C.M.E
5	9:00 AM	#4, 2, 6	0.65 mg/L	C.M.E
6	8:38 AM	#4	0.60 mg/L	C.M.E
7	8:40 AM	#4	0.81 mg/L	C.M.E
8	8:42 AM	#4, 2, 6	0.76 mg/L	C.M.E
9	10:52 AM	#4	0.75 mg/L	C.M.E
10	8:42 AM	#4	0.62 mg/L	C.M.E
11	9:08 AM	#4	0.62 mg/L	C.M.E
12	8:40 AM	#4	0.62 mg/L	C.M.E
13	8:33 AM	#4	0.62 mg/L	C.M.E
14	8:44 AM	#4	0.77 mg/L	C.M.E
15	9:34 AM	#4	0.63 mg/L	C.M.E
16	9:45 AM	#1, 2+4	0.64 mg/L	C.M.E
17	10:02 AM	#1, 2, 4+6	0.65 mg/L	C.M.E
18	8:40 AM	#1, 2+4	0.84 mg/L	C.M.E
19	8:35 AM	#4	0.70 mg/L	C.M.E
20	8:25 AM	#4	0.71 mg/L	C.M.E
21	8:50 AM	2, 4+6	0.76 mg/L	C.M.E
22	8:35 AM	#4	0.70 mg/L	C.M.E
23	7:40 AM	#4	0.61 mg/L	C.M.E
24	9:30 AM	#2	0.69 mg/L	C.M.E
25	8:36 AM	#4	0.60 mg/L	C.M.E
26	8:20 AM	#4	0.59 mg/L	C.M.E
27	8:43 AM	#4	0.66 mg/L	C.M.E
28	8:20 AM	#4, 2	0.76 mg/L	C.M.E
29	8:37 AM	#4, 2, 1	0.69 mg/L	C.M.E
30	7:48 AM	#4	0.69 mg/L	C.M.E
31	9:41 AM	#2, 4, 6	0.67 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>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to <u>0.2</u> 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 checked="" type="checkbox"/> No Date continuous monitoring equipment failed: / /</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 Date it was returned to service: / /</p> <p>Attach grab sample results and submit them with this form.</p>
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Printed Name: Travess Howery Title: utility worker II / DR Operator Certification #: 933316
 Signature: Travess Howery Phone #: (541) 852-0821 OR
 Date: 4 / 1 / 24 Small Groundwater System

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