

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

System Name City Of Oakridge

PWS ID# 41- 00582

Month/Year /

Entry Point: EPA Wellfield

Required Minimum Residual O₂ mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:31AM	# 6, 4	0.48 MGL	CME
2	8:22AM	# 4, 1, 6	0.53 MGL	CME
3	8:35AM	# 4	0.48 MGL	CME
4	6:00am	# 4	0.46 MGL	CME
5	6:15am	# 4	0.55 MGL	CME
6	8:47AM	# 4	0.50 MGL	C.M.E
7	8:46AM	# 4, 1, 2	0.67 MGL	C.M.I.E
8	8:50AM	# 4, 2	0.63 MGL	C.M.E
9	8:00AM	# 4	0.47 MGL	C.M.I.E
10	8:22AM	# 4	0.43 MGL	C.M.I.E
11	7:39AM	# 4	0.43 MGL	C.M.I.E
12	8:40AM	# 4, 1, 2, 6	0.43 MGL	C.M.I.E
13	8:40AM	# 4	0.52 MGL	C.M.I.E
14	9:00AM	# 4, 2, 6	0.45 MGL	C.M.I.E
15	8:50	# 4, 2, 6	0.44 MGL	C.M.I.E
16	8:22AM	# 4	0.43 MGL	C.M.I.E
17	9:36am	# 4	0.53 MGL	CME
18	8:30am	# 4	0.48 MGL	CME
19	9:12AM	# 4	0.46 MGL	CME
20	9:06am	# 1 + 4	0.46 MGL	CME
21	10:47am	# 4	0.47 MGL	CME
22	8:20AM	# 4	0.41 MGL	C.M.I.E
23	9:50AM	# 4	0.43 MGL	C.M.I.E
24	8:31AM	# 2, 4, 6	0.40 MGL	C.M.E
25	11:06AM	# 4	0.39 MGL	CME
26	11:29AM	# 2, 4, 6	0.40 MGL	CME
27	9:04AM	# 2, 4, 6	0.38 MGL	CME
28	8:45am	# 4	0.39 MGL	CME
29	8:30 AM	# 4, 2, 6	0.43 MGL	C.M.E
30	8:30 AM	# 4	0.39 MGL	C.M.I.E
31	8:30 AM	# 4	0.47 MGL	C.M.I.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

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L?

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? Yes No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?
 Yes No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

____ / ____ / ____
Date it was returned to service:

____ / ____ / ____

Printed Name: Travess Howery

Title: Utility Worker II/PAC

Operator Certification #: 933316

Signature: Travess Howery

Phone #: (541) 852-0821

OR

Date: 06 10 2024

Small Groundwater System

DWP