

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

System Name Alexa Hutchens PWS ID# 41 5063
 Month/Year 1/21 Entry Point: Feed Room Sink Required Minimum Residual .3 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8am	Feed Room Sink	.8	
2	8am	"	.8	
3	8am	"	.8	
4	8am	"	.8	
5	8am	"	.8	
6	7:30am	"	.8	
7	8am	"	.8	
8	7:30am	"	.7	
9	7:30am	"	.7	
10	7:30am	"	.7	
11	7:30am	"	.8	
12	7:30am	"	.8	
13	7:30am	"	.8	
14	7:30am	"	.8	
15	7:30am	"	.8	
16	8am	"	.7	
17	8am	"	.8	
18	8am	"	.8	
19	8am	"	.8	
20	7:30am	"	.7	
21	7:30am	"	.7	
22	8am	"	.7	
23	8am	"	.7	
24	8am	"	.7	
25	8am	"	.8	
26	7:30am	"	.8	
27	7:30am	"	.8	
28	7:30am	"	.8	
29	7:30am	"	.7	
30	8am	"	.7	
31	8am	"	.7	

Was the chlorine residual ever less than the required minimum residual of .3 mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? _____ Hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <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: William Frank Title: Manager Operator Certification #: 410 5063
 Signature: [Signature] Phone #: (541) 487 2240
 Date: 2/1/21

OR
Small Groundwater System