

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

System Name ALSEA HATCHERY PWS ID# 41 05063
 Month/Year 2/21 Entry Point: Feed room Sinks 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	7:00am	Feed Room Sinks	.7	
2	7:30am	"	.8	
3	8am	"	.8	
4	8am	"	.7	
5	8am	"	.7	
6	8am	"	.7	
7	8am	"	.7	
8	8am	"	.7	
9	8am	"	.7	
10	8am	"	.8	
11	7:30am	"	.8	
12	8am	"	.8	
13	7:30am	"	.8	
14	7:30am	"	.8	
15	7:30am	"	.8	
16	7:30am	"	.8	
17	7:30am	"	.8	
18	8am	"	.7	
19	8am	"	.8	
20	8am	"	.8	
21	8:30	"	.7	
22	8am	"	.8	
23	8am	"	.7	
24	8am	"	.7	
25	8am	"	.7	
26	8am	"	.7	
27	8am	"	.8	
28	8am	"	.8	
29				
30				
31				

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 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 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: Mng Operator Certification #: 410 5063
 Signature: [Signature] Phone #: (541) 487-7240
 Date: 3/1/21

OR
Small Groundwater System