

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

System Name Alicea Hartney PWS ID# 41 05063  
 Month/Year 4/21 Entry Point: Fed 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	7:30am	Fed Room sink	.3	
2	8am	"	.3	
3	9am	"	.3	
4	8am	"	.3	
5	9am	"	.3	
6	9am	"	.3	
7	9am	"	.3	
8	7:30am	"	.3	
9	7:30am	"	.3	
10	7:00am	"	.3	
11	7:30am	"	.3	
12	7:30am	"	.3	
13	7:30am	"	.3	
14	7:30am	"	.3	
15	7:30am	"	.3	
16	7:30am	"	.3	
17	8am	"	.4	
18	8am	"	.4	
19	9am	"	.3	
20	9am	"	.3	
21	9am	"	.3	
22	9am	"	.3	
23	9am	"	.3	
24	9am	"	.3	
25	9am	"	.3	
26	9am	"	.3	
27	9am	"	.3	
28	7:30am	"	.3	
29	7:30am	"	.3	
30	7:30am	"	.3	
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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><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 as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</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 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>
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Printed Name: William Frank Title: Mgr Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (503) 487-2240 OR  
 Date: 4/30/21 Small Groundwater System