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

System Name	Alsea Hatchery		PWS ID# 41 05063
Month/Year '7 / 21	Entry Point: Feed Rooms. YT		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	10 am	Feed Room Sink	.6	
2	10 am	" "	.5	
3	9 am	" "	.6	
4	9 am	" "	.7	
5	9 am	" "	.5	
6	9 am	" "	.4	
7	9 am	" "	.8	
8	8 am	" "	.8	
9	8 am	" "	.8	
10	8 am	" "	.8	
11	8 am	" "	.8	
12	8 am	" "	.8	
13	8 am	"	.8	
14	8 am	" "	.8	
15	8 am	" "	.8	
16	8 am	" "	.8	
17	8 am	" "	.8	
18	8 am	" "	.5	
19	8 am	" "	.4	
20	8 am	" "	.8	
21	8 am		.8	
22	8 am	"	.8	
23	8 am	" "	.8	
24	8 am	" "	.8	
25	8 am	" "	.8	
26	8 am	" "	.8	
27	730 am	" "	.8	
28	730 am	" "	.8	
29	730 am	" "	.8	
30	730 am	"	.7	
31	730 am	" "	.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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300		
If yes, did you monitor every four hours until the residual returned to ___ mg/L as required? ☐ Yes ☐ No *Attach those results and submit them with this form.*	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 as required? ☐ 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: William Frank	Title: Mg	Operator Certification #:_____
Signature: allison	Phone #: (541) 4877240	OR
Date: 7/31/21		Small Groundwater System ☐

December 19, 2012