

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

System Name Alsea Hatchery PWS ID# 41 05063
 Month/Year 8/21 Entry Point: Feed Room Siph 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 Siph	3	
2	9am	"	3	
3	10am	"	3	
4	11am	"	3	
5	12pm	"	3	
6	1pm	"	3	
7	2pm	"	3	
8	3pm	"	3	
9	4pm	"	3	
10	5pm	"	3	
11	6pm	"	3	
12	7pm	"	3	
13	8pm	"	3	
14	9pm	"	3	
15	10pm	"	3	
16	11pm	"	3	
17	12am	"	3	
18	1am	"	3	
19	2am	"	3	
20	3am	"	3	
21	4am	"	3	
22	5am	"	3	
23	6am	"	3	
24	7am	"	3	
25	8am	"	3	
26	9am	"	3	
27	10am	"	3	
28	11am	"	3	
29	12pm	"	3	
30	1pm	"	3	
31	2pm	"	3	

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>
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Printed Name: William Frawk Title: mg Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 487-7240
 Date: 8/31/21

OR
 Small Groundwater System