

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

System Name Alsea Hatchery PWS ID# 41 05063
 Month/Year 8/22 Entry Point: Feed Rooms 4A 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	7AM	Feed Room 4A	.6	
2	8AM	"	.8	
3	8AM	"	1.3	
4	8AM	"	1.3	
5	8AM	"	1.5	
6	8AM	"	1.3	
7	8AM	"	.8	
8	8AM	"	.8	
9	8AM	"	1.3	
10	7:00AM	"	1.6	
11	8AM	"	1.8	
12	8AM	"	1.6	
13	8AM	"	1.6	
14	8AM	"	1.6	
15	8AM	"	1.6	
16	8AM	"	1.6	
17	8AM	"	1.6	
18	8AM	"	1.6	
19	8AM	"	1.6	
20	8AM	"	1.6	
21	8AM	"	1.6	
22	8AM	"	.7	
23	8AM	"	.7	
24	8AM	"	.7	
25	8AM	"	.7	
26	8AM	"	.7	
27	8AM	"	.7	
28	8AM	"	1.8	
29	8AM	"	1.8	
30	8AM	"	.7	
31	7:30AM	"	.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: mgr Operator Certification #: _____
 Signature: [Signature] Phone #: (541) 4877240
 Date: 8/31/22 OR Small Groundwater System