

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

System Name Alicea Hartney PWS ID# 41 05063
 Month/Year 9/22 Entry Point: Feed 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	8am	Feed Room Sink	.7	
2	7:30am	"	.7	
3	8am	"	.7	
4	8am	"	.7	
5	8am	"	.7	
6	8am	"	.7	
7	8am	"	.7	
8	8am	"	.7	
9	8am	"	.7	
10	8am	"	.7	
11	8am	"	.7	
12	8am	"	.7	
13	8am	"	.7	
14	8am	"	.7	
15	8am	"	.7	
16	8am	"	.7	
17	8am	"	.7	
18	8am	"	.7	
19	8am	"	.7	
20	7:30am	"	.7	
21	8am	"	.7	
22	8am	"	.7	
23	8am	"	.7	
24	8am	"	.7	
25	8am	"	.7	
26	8am	"	.7	
27	8am	"	.7	
28	8am	"	.7	
29	7:30am	"	.7	
30	8am	"	.7	
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>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) 487-240 OR
 Date: 9/30/22 Small Groundwater System