State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name Alsea Hatchery PWS ID# 41 05063

Month/Year 1 / 23 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	730am	Feed Room Sink	.7	
2	8am	"	.7	
3	8am	"	.7	
4	8am	"	.8	
5	730am	"	.7	
6	8am	"	.8	
7	8am	"	.8	
8	8am	"	.8	
9	8am	"	.8	
10	7am	"	.8	
11	7am	"	.8	
12	7am	"	.8	
13	8am	"	.7	
14	7 Am	"	.6	
15	7 Am	"	.6	
16	8 Am	"	.7	
17	8am	"	.8	
18	8am	"	.8	
19	8am	"	.8	
20	8am	"	.8	
21	7am	"	.8	
22	730am	"	.7	
23	730am	"	.7	
24	8am	"	.8	
25	730am	"	.8	
26	730am	"	.8	
27	8am	"	.7	
28	8am	"	.8	
29	8am	"	.7	
30	8am	"	.7	
31	8am	"	.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

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.

GWS Serving More Than 3,300

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: Mgr

Signature: [signature] Phone #: (541) 4877240

Date: 1 / 31 / 23

Operator Certification #: ____________

OR

Small Groundwater System ☐