

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

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

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: _____/_____/_____                  Date it was returned to service: _____/_____/_____</p>	

Printed Name: William Frank Title: MS Operator Certification #: \_\_\_\_\_  
 Signature: William Frank Phone #: 541 482 7240 OR  
 Date: 3/31/23 Small Groundwater System