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

| System Name A | | Alsea P | latchery | > PW | /S ID# 41 | 05063 | |
|--|--|--------------------------------------|---|--|-------------------------------|---|--|
| System Name Alger Hatcherys PWS ID# 41 05063 Month/Year 5/23 Entry Point: Feed Room Sint 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 | |
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| Was the chlorine residual ever less than the required minimum residual of 7 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 GWS Serving More Than 3,300 | | | | | | 00 | |
| until the | residual retu | r every four hours med to mg/L as | Did continuous monitoring equipment fail at any time reporting month? ☐ Yes ☐ No | | | Date continuous monitoring equipment failed: | |
| required? ☐ Yes ☐ No Attach those results and submit them with | | | If yes, were grab samples collected every four ho continuous monitoring equipment was returned to | | hours until the to service as | Date it was returned to | |
| this form. | | | required? ☐ Yes ☐ No Attach grab sample results and submit them wit. | | | service: | |
| | | | | | นา นาเซ 107M. | · | |
| Printed Name: Operator Certification #: 4 to 56 | | | | | | ertification #: 4 to 5063 | |
| Signature: William Flaul Phone #: (541) 457-7240 OR | | | | | | | |
| Date: 6 | Date: <u>6 / 1 / 23</u> Small Groundwater System □ | | | | | | |
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