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

System Name: Alsea Hatchery   PWS ID# 4105063

Month/Year: 9 / 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	7:30 an	Feed Room Sink	.8	
2	8 am	"	.8	
3	8 am	"	.8	
4	8 am	"	.8	
5	8 am	"	.8	
6	8 am	"	.8	
7	8 am	"	.8	
8	8 am	"	.5	
9	8 am	"	.9	
10	3 pm	"	.8	
11	8 am	"	.8	
12	8 am	"	.8	
13	8 am	"	.8	
14	7:30 am	"	.7	
15	8 am	"	.8	
16	8 am	"	.5	
17	8 am	"	.8	
18	7:30 am	"	.8	
19	8 am	"	.8	
20	8 am	"	.8	
21	8 am	"	.8	
22	7:30 am	"	.8	
23	8:30 am	"	.8	
24	8 Am	"	.8	
25	8 am	"	.8	
26	8 am	"	.5	
27	8 am	"	.8	
28	8 am	"	.8	
29	7:30 am	"	.8	
30	8 am	"	.8	
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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	**GWS Serving More Than 3,300**	
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.*	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 M. Frank   Title: Mgr
Signature: aoutumn
Date: 9 / 30 / 23   Phone #: (541) 487-7240

Operator Certification #4105063
OR
Small Groundwater System ☐

December 19, 2012