

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

System Name Alicea Hatchery PWS ID# 4105063  
 Month/Year 9/24 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	.6	
2	8am	"	.6	
3	8am	"	.7	
4	8am	"	.7	
5	8am	"	.7	
6	8am	"	.8	
7	8am	"	.8	
8	8am	"	.8	
9	7am	"	.8	
10	8am	"	.8	
11	8am	"	.8	
12	8am	"	.8	
13	8am	"	.8	
14	8am	"	.8	
15	8am	"	.8	
16	8am	"	.8	
17	8am	"	.7	
18	8am	"	.8	
19	8am	"	.8	
20	8am	"	.8	
21	8am	"	.8	
22	8am	"	.8	
23	8am	"	.8	
24	7:30am	"	.8	
25	8am	"	.8	
26	8am	"	.8	
27	8am	"	.8	
28	8am	"	.8	
29	8am	"	.8	
30	8am	"	.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.

<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: _____/_____/_____</p> <p>Date it was returned to service: _____/_____/_____</p>
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Printed Name: William M. Frank Title: Mgr Operator Certification # 4105063  
 Signature: [Signature] Phone #: (541) 487-7240 OR  
 Date: 9/30/24 Small Groundwater System