

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

System Name... <u>Alsea Hatchery</u>		PWS ID# <u>4105063</u>	
Month/Year <u>5/25</u>	Entry Point: <u>Feed Room Sink</u>	Required Minimum Residual <u>3</u> 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	.8	
2	8am	"	.8	
3	8am	"	.8	
4	8am	"	.8	
5	8am	"	.8	
6	8am	"	.8	
7	8am	"	.8	
8	8am	"	.8	
9	7:30am	"	.8	
10	8am	"	.8	
11	8am	"	.8	
12	8am	"	.8	
13	7:30am	"	.8	
14	8am	"	.8	
15	8am	"	.8	
16	8am	"	.8	
17	8am	"	.8	
18	8am	"	.8	
19	8am	"	.8	
20	8am	"	.8	
21	8am	"	.7	
22	8am	"	.7	
23	8am	"	.7	
24	8am	"	.7	
25	8am	"	.5	
26	8am	"	.5	
27	8am	"	.5	
28	8am	"	.5	
29	8am	"	.5	
30	8am	"	.5	
31	8am	"	.5	

  

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.

<b>GWS Serving 3,300 or Fewer</b> 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 Attach those results and submit them with this form.	<b>GWS Serving More Than 3,300</b> Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.
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Printed Name: <u>William M. Frank</u> Signature: <u>[Signature]</u> Date: <u>6/1/25</u>	Title: <u>Mgr</u> Phone #: <u>(541) 487-7240</u>	Operator Certification #: <u>4105063</u> OR Small Groundwater System <input type="checkbox"/>
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December 19, 2012