

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

System Name: Alsea Hatchery PWS ID# 4105063
 Month/Year: 6/25 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 AM	Feed Room Sink	.8	
2	8 AM	"	.8	
3	8:20	"	.8	
4	8:40	"	.7	
5	8:40	"	.8	
6	7:30 AM	"	.8	
7	8 AM	"	.8	
8	8 AM	"	.8	
9	8 AM	"	.8	
10	8 AM	"	.8	
11	8 AM	"	.8	
12	8 AM	"	.8	
13	8 AM	"	.8	
14	8 AM	"	.8	
15	8 AM	"	.8	
16	8 AM	"	.8	
17	8 AM	"	.8	
18	8 AM	"	.8	
19	8 AM	"	.8	
20	8 AM	"	.8	
21	8 AM	"	.8	
22	8 AM	"	.8	
23	8 AM	"	.8	
24	8 AM	"	.8	
25	8 AM	"	.8	
26	8 AM	"	.8	
27	8 AM	"	.7	
28	9 AM	"	.7	
29	8 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

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.

GWS Serving More Than 3,300

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: [Signature]

Phone #: (541) 487-7240

Date: 6/30/25

Operator Certification # 4105063

OR

Small Groundwater System ☐

December 19, 2012

ALSEA HATCHERY

State of Oregon Department of Fish & Wildlife
29050 Fish Hatchery Road, Alsea, OR 97324
Voice 541-487-7240 ☉ Fax 541-487-7248



TO:

Name

DMC E

Company/Org./Dept.

Telephone

Fax Number

FROM:

Matt Frank

PAGES:

2

NUMBER OF PAGES (INCLUDING THIS COVER SHEET)

SUBJECT:

~~Disinfection~~

Disinfection

Verification

MESSAGE:

971 673 0694

Compliance.dw@state.or.us

Scott King & Co. Boston