

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

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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. | Date continuous monitoring equipment failed: _____/_____/_____ Date it was returned to service: _____/_____/_____ |
|---|---|--|

Printed Name: William M. Frank Title: Mgr Operator Certification # 4105063
 Signature: [Signature] Phone #: (541) 487-7400 OR
 Date: 7/31/25 Small Groundwater System ☐