

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

System Name ODF/WL ELK RIVER HATCHERY

PWS ID# 4 1 05503

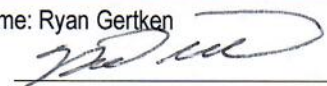
Month/Year MAY/2021 Entry Point: EP-A

Required Minimum Residual 0.80 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:00am	SRC-AA WELL	0.83	
2	7:15am	SRC-AA WELL	0.88	
3	7:15am	SRC-AA WELL	0.80	
4	7:21 am	SRC-AA WELL	1.04	
5	7:10am	SRC-AA WELL	1.05	
6	7:25am	SRC-AA WELL	1.08	
7	8:39am	SRC-AA WELL	0.94	
8	9:01am	SRC-AA WELL	1.21	
9	8:16AM	SRC-AA WELL	1.25	
10	8:20am	SRC-AA WELL	1.17	
11	8:10 am	SRC-AA WELL	1.26	
12	8:00am	SRC-AA WELL	1.29	
13	7:50AM	SRC-AA WELL	1.26	
14	11:53AM	SRC-AA WELL	1.34	
15	7:45AM	SRC-AA WELL	1.24	
16	7:45AM	SRC-AA WELL	1.23	
17	7:47am	SRC-AA WELL	1.19	
18	7:45AM	SRC-AA WELL	1.20	
19	7:45AM	SRC-AA WELL	1.20	
20	9:30am	SRC-AA WELL	1.32	
21	8:04am	SRC-AA WELL	1.24	
22	8:26am	SRC-AA WELL	1.23	
23	8:40am	SRC-AA WELL	1.17	
24	8:32am	SRC-AA WELL	1.15	
25	8:11am	SRC-AA WELL	1.00	
26	8:07am	SRC-AA WELL	1.02	
27	8:19am	SRC-AA WELL	0.92	
28	7:02am	SRC-AA WELL	1.05	
29	7:12am	SRC-AA WELL	1.04	
30	6:58am	SRC-AA WELL	0.98	
31	8:22am	SRC-AA WELL	0.89	

Was the chlorine residual ever less than the required minimum residual of 0.8 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	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: Ryan Gertken Title: Acting Hatchery Manager Operator Certification #:
 Signature:  Phone #: (541) 332-7025 OR
 Date: 6/11/2021 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@dhsosha.state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.