

**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 June/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	6:54am	SRC-AA WELL	0.91	
2	6:34am	SRC-AA WELL	0.84	
3	7:14am	SRC-AA WELL	0.86	
4	7:30am	SRC-AA WELL	0.89	
5	8:00am	SRC-AA WELL	0.93	
6	7:50am	SRC-AA WELL	1.05	
7	7:31am	SRC-AA WELL	1.00	
8	7:28am	SRC-AA WELL	1.08	
9	7:06am	SRC-AA WELL	1.05	
10	6:42am	SRC-AA WELL	1.12	
11	6:31am	SRC-AA WELL	0.98	
12	10:08am	SRC-AA WELL	1.18	
13	8:19am	SRC-AA WELL	1.23	
14	6:43am	SRC-AA WELL	1.19	
15	6:54am	SRC-AA WELL	0.94	
16	6:07am	SRC-AA WELL	1.08	
17	6:06am	SRC-AA WELL	0.91	
18	5:44am	SRC-AA WELL	0.99	
19	7:46am	SRC-AA WELL	0.99	
20	7:17am	SRC-AA WELL	0.91	
21	7:13am	SRC-AA WELL	0.90	
22	6:09am	SRC-AA WELL	0.90	
23	6:01am	SRC-AA WELL	0.96	
24	8:17am	SRC-AA WELL	0.99	
25	9:41am	SRC-AA WELL	1.01	
26	7:10am	SRC-AA WELL	0.91	
27	7:00am	SRC-AA WELL	0.95	
28	8:04am	SRC-AA WELL	1.18	
29	8:30am	SRC-AA WELL	1.1	
30	6:39am	SRC-AA WELL	0.98	
31		SRC-AA WELL		

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.

<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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Ryan Gertken	Title: Acting Hatchery Manager	Operator Certification #:
Signature: 	Phone #: (541) 332-7025	OR
Date: 6/30/2021		Small Groundwater System <input checked="" type="checkbox"/>

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@dhsosha.state.or.us](mailto:dwp.dmce@dhsosha.state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.**