

**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

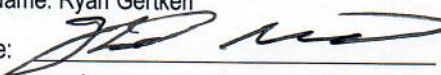
Month/Year August/2021 Entry Point: EP-A

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	6:45am	SRC-AA WELL	0.95	
2	7:58am	SRC-AA WELL	0.87	
3	8:31am	SRC-AA WELL	0.85	
4	7:46am	SRC-AA WELL	0.87	
5	7:50am	SRC-AA WELL	0.82	
6	8:15am	SRC-AA WELL	0.88	
7	7:00am	SRC-AA WELL	0.85	
8	7:30am	SRC-AA WELL	0.87	
9	8:05am	SRC-AA WELL	0.82	
10	8:25am	SRC-AA WELL	0.88	
11	7:36am	SRC-AA WELL	0.9	
12	8:20am	SRC-AA WELL	0.88	
13	6:38am	SRC-AA WELL	0.88	
14	8:40am	SRC-AA WELL	1.03	
15	8:45am	SRC-AA WELL	0.99	
16	7:13am	SRC-AA WELL	0.87	
17	7:18am	SRC-AA WELL	0.92	
18	7:45am	SRC-AA WELL	0.86	
19	7:28am	SRC-AA WELL	0.99	
20	7:49am	SRC-AA WELL	0.87	
21	6:22am	SRC-AA WELL	0.85	
22	6:46am	SRC-AA WELL	0.84	
23	8:26am	SRC-AA WELL	0.85	
24	8:15am	SRC-AA WELL	0.84	
25	7:18am	SRC-AA WELL	0.84	
26	8:16am	SRC-AA WELL	0.85	
27	7:20am	SRC-AA WELL	0.88	
28	7:30am	SRC-AA WELL	0.91	
29	7:18am	SRC-AA WELL	0.97	
30	7:18am	SRC-AA WELL	0.95	
31	7:19am	SRC-AA WELL	0.98	

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>GWS Serving 3,300 or Fewer</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 align="center">GWS Serving More Than 3,300</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: 9/1/2021		Small Groundwater System <input checked="" type="checkbox"/>

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.