

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

System Name ODF/WL ELK RIVER HATCHERY
September
Month/Year 2021 Entry Point: EP-A

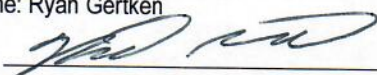
PWS ID# 4 1 05503

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	7:23am	SRC-AA WELL	1.02	
2	7:17am	SRC-AA WELL	0.98	
3	7:19am	SRC-AA WELL	0.94	
4	8:02am	SRC-AA WELL	0.97	
5	8:00am	SRC-AA WELL	0.92	
6	10:00am	SRC-AA WELL	0.95	
7	7:17am	SRC-AA WELL	0.92	
8	7:22am	SRC-AA WELL	0.89	
9	7:11am	SRC-AA WELL	0.90	
10	7:23am	SRC-AA WELL	0.88	
11		SRC-AA WELL	N/A	Our domestic system is down
12		SRC-AA WELL	N/A	No water available
13		SRC-AA WELL	N/A	Domestic water still down
14	1:42pm	SRC-AA WELL	0.86	
15	6:23am	SRC-AA WELL	0.88	
16	7:26am	SRC-AA WELL	0.87	
17	7:40am	SRC-AA WELL	0.85	
18	7:50am	SRC-AA WELL	0.88	
19	8:15am	SRC-AA WELL	0.95	
20	7:09am	SRC-AA WELL	0.89	
21	7:24am	SRC-AA WELL	0.86	
22	7:12am	SRC-AA WELL	0.88	
23	7:01am	SRC-AA WELL	0.87	
24	8:00 am	SRC-AA WELL	0.85	
25	8:23 am	SRC-AA WELL	0.95	
26	9:00am	SRC-AA WELL	0.92	
27	7:07am	SRC-AA WELL	0.89	
28	7:10am	SRC-AA WELL	0.90	
29	6:46am	SRC-AA WELL	0.93	
30	7:12am	SRC-AA WELL	0.90	
		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>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>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: 9/30/2021 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.