

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

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|--|--------------------------|
| System Name ODF/WL ELK RIVER HATCHERY | PWS ID# 4 1 05503 |
| Month/Year October 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 | 7:22am | SRC-AA WELL | 0.89 | |
| 2 | 7:09am | SRC-AA WELL | 0.91 | |
| 3 | 8:16am | SRC-AA WELL | 0.87 | |
| 4 | 8:26am | SRC-AA WELL | 1.06 | |
| 5 | 7:59am | SRC-AA WELL | 1.11 | |
| 6 | 8:11am | SRC-AA WELL | 1.09 | |
| 7 | 7:25am | SRC-AA WELL | 1.11 | |
| 8 | 12:34PM | SRC-AA WELL | 1.43 | |
| 9 | 7:40am | SRC-AA WELL | 1.32 | |
| 10 | 7:50am | SRC-AA WELL | 1.35 | |
| 11 | 7:59am | SRC-AA WELL | 1.42 | |
| 12 | 7:45am | SRC-AA WELL | 1.09 | |
| 13 | 8:15am | SRC-AA WELL | 1.15 | |
| 14 | 8:45am | SRC-AA WELL | 1.1 | |
| 15 | 7:37am | SRC-AA WELL | 1.19 | |
| 16 | 8:09am | SRC-AA WELL | 1.19 | |
| 17 | 7:45am | SRC-AA WELL | 1.16 | |
| 18 | 8:36am | SRC-AA WELL | 1.33 | |
| 19 | 8:13am | SRC-AA WELL | 1.12 | |
| 20 | 8:46am | SRC-AA WELL | 1.14 | |
| 21 | 8:11am | SRC-AA WELL | 1.08 | |
| 22 | 6:48am | SRC-AA WELL | 1.11 | |
| 23 | 7:13am | SRC-AA WELL | 1.03 | |
| 24 | 7:20am | SRC-AA WELL | 1.09 | |
| 25 | 8:44am | SRC-AA WELL | 0.99 | |
| 26 | 8:18am | SRC-AA WELL | 0.99 | |
| 27 | 8:15am | SRC-AA WELL | 1.00 | |
| 28 | 8:15am | SRC-AA WELL | 0.92 | |
| 29 | 8:10am | SRC-AA WELL | 0.93 | |
| 30 | 8:02am | SRC-AA WELL | 0.97 | |
| 31 | 8:03am | SRC-AA WELL | 0.95 | |

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: 11/11/2021 | | Small Groundwater System <input 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.