

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

System Name ODF/WL ELK RIVER HATCHERY
November
Month/Year 2021

PWS ID# 41 05503

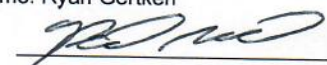
Entry Point: EP-A

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	7:48am	SRC-AA WELL	1.03	
2	11:47am	SRC-AA WELL	0.99	
3	7:35am	SRC-AA WELL	0.93	
4	7:11am	SRC-AA WELL	0.98	
5	7:48am	SRC-AA WELL	1.01	
6	7:11am	SRC-AA WELL	0.97	
7	7:52am	SRC-AA WELL	0.96	
8	8:31am	SRC-AA WELL	0.95	
9	7:46am	SRC-AA WELL	0.98	
10	8:12am	SRC-AA WELL	1.00	
11	8:10am	SRC-AA WELL	0.99	
12	8:04am	SRC-AA WELL	0.98	
13	8:10am	SRC-AA WELL	1.04	
14	8:11am	SRC-AA WELL	1.12	
15	8:05am	SRC-AA WELL	1.07	
16	7:19am	SRC-AA WELL	1.01	
17	7:10am	SRC-AA WELL	0.99	
18	7:21am	SRC-AA WELL	0.93	
19	7:11am	SRC-AA WELL	0.97	
20	7:03am	SRC-AA WELL	1.01	
21	7:16am	SRC-AA WELL	0.98	
22	8:36am	SRC-AA WELL	0.94	
23	7:29am	SRC-AA WELL	0.95	
24	8:38am	SRC-AA WELL	0.99	
25	8:13am	SRC-AA WELL	0.95	
26	8:46am	SRC-AA WELL	0.98	
27	8:09am	SRC-AA WELL	0.97	
28	8:20am	SRC-AA WELL	0.99	
29	8:29am	SRC-AA WELL	0.97	
30	7:25am	SRC-AA WELL	0.97	
		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: 11/30/2021 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.