

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


System Name ODF/WL ELK RIVER HATCHERY
December
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	7:25am	SRC-AA WELL	1.10	
2	7:05am	SRC-AA WELL	1.02	
3	7:48am	SRC-AA WELL	0.99	
4	7:07am	SRC-AA WELL	1.01	
5	7:26am	SRC-AA WELL	0.97	
6	7:23am	SRC-AA WELL	0.91	
7	7:01am	SRC-AA WELL	0.96	
8	7:30am	SRC-AA WELL	1.01	
9	8:50am	SRC-AA WELL	1.00	
10	8:40am	SRC-AA WELL	0.80	
11	8:30am	SRC-AA WELL	1.23	
12	8:04am	SRC-AA WELL	0.96	
13	7:21am	SRC-AA WELL	0.99	
14	6:53am	SRC-AA WELL	0.94	
15	7:10am	SRC-AA WELL	0.98	
16	7:49am	SRC-AA WELL	1.01	
17	7:13am	SRC-AA WELL	0.99	
18	7:09am	SRC-AA WELL	0.97	
19	7:02am	SRC-AA WELL	1.00	
20	7:18am	SRC-AA WELL	0.95	
21	7:14am	SRC-AA WELL	0.99	
22	8:16am	SRC-AA WELL	0.94	
23	7:49am	SRC-AA WELL	0.85	
24	8:15am	SRC-AA WELL	0.86	
25	8:11am	SRC-AA WELL	0.92	
26	6:51am	SRC-AA WELL	0.99	
27	7:21am	SRC-AA WELL	0.96	
28	7:01am	SRC-AA WELL	0.99	
29	6:58am	SRC-AA WELL	0.91	
30	7:16am	SRC-AA WELL	0.93	
31	7:36am	SRC-AA WELL	0.90	

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: 12 / 31 / 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.