

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

System Name ODF/WL ELK RIVER HATCHERY
 January
 Month/Year 2022 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	7:14am	SRC-AA WELL	0.93	
2	7:09am	SRC-AA WELL	0.97	
3	8:43am	SRC-AA WELL	1.01	
4	7:23am	SRC-AA WELL	1.13	
5	10:42am	SRC-AA WELL	0.92	
6	9:00am	SRC-AA WELL	0.88	
7	8:56am	SRC-AA WELL	0.87	
8	8:20am	SRC-AA WELL	0.87	
9	8:30am	SRC-AA WELL	0.85	
10	7:01am	SRC-AA WELL	0.93	
11	8:06am	SRC-AA WELL	0.91	
12	8:12am	SRC-AA WELL	0.89	
13	7:25am	SRC-AA WELL	0.92	
14	7:47am	SRC-AA WELL	0.88	
15	7:04am	SRC-AA WELL	0.90	
16	6:51am	SRC-AA WELL	0.92	
17	6:16am	SRC-AA WELL	0.93	
18	7:48am	SRC-AA WELL	0.89	
19	8:01am	SRC-AA WELL	0.90	
20	8:24am	SRC-AA WELL	0.85	
21	11:28am	SRC-AA WELL	0.81	
22	8:58am	SRC-AA WELL	0.81	
23	8:24am	SRC-AA WELL	0.86	
24	7:18am	SRC-AA WELL	0.89	
25	8:24am	SRC-AA WELL	0.87	
26	8:40am	SRC-AA WELL	0.82	
27	7:24am	SRC-AA WELL	0.88	
28	7:11am	SRC-AA WELL	0.91	
29	6:58am	SRC-AA WELL	0.87	
30	7:04am	SRC-AA WELL	0.89	
31	7:14am	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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: Ryan Gertken Signature:  Date: 1/31/2022	Title: Acting Hatchery Manager Phone #: (541) 332-7025	Operator Certification #: OR Small Groundwater System <input checked="" type="checkbox"/>
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Return by 10th of following month by either email dlwp.dmce@dhsosha.state.or.us; fax 971-673-0694; or mail to Drinkina Water Services. PO Box 14350. Portland. OR 97293-0350.