

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


System Name ODF/WL ELK RIVER HATCHERY  
February  
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      | 0.89   |       |
| 2    | 8:00am  | SRC-AA WELL      | 0.87   |       |
| 3    | 11:08am | SRC-AA WELL      | 0.89   |       |
| 4    | 9:40am  | SRC-AA WELL      | 0.93   |       |
| 5    | 7:11am  | SRC-AA WELL      | 0.91   |       |
| 6    | 7:29am  | SRC-AA WELL      | 0.86   |       |
| 7    | 7:14am  | SRC-AA WELL      | 0.88   |       |
| 8    | 8:09am  | SRC-AA WELL      | 0.92   |       |
| 9    | 7:24am  | SRC-AA WELL      | 0.89   |       |
| 10   | 7:21am  | SRC-AA WELL      | 0.87   |       |
| 11   | 9:11am  | SRC-AA WELL      | 0.90   |       |
| 12   | 11:30am | SRC-AA WELL      | 0.88   |       |
| 13   | 7:43am  | SRC-AA WELL      | 0.86   |       |
| 14   | 8:07am  | SRC-AA WELL      | 0.91   |       |
| 15   | 11:30am | SRC-AA WELL      | 0.87   |       |
| 16   | 9:16am  | SRC-AA WELL      | 0.85   |       |
| 17   | 8:04am  | SRC-AA WELL      | 1.09   |       |
| 18   | 8:28am  | SRC-AA WELL      | 1.03   |       |
| 19   | 8:07am  | SRC-AA WELL      | 1.14   |       |
| 20   | 8:19am  | SRC-AA WELL      | 1.15   |       |
| 21   | 8:24am  | SRC-AA WELL      | 1.12   |       |
| 22   | 8:14am  | SRC-AA WELL      | 0.88   |       |
| 23   | 9:25am  | SRC-AA WELL      | 1.22   |       |
| 24   | 7:14am  | SRC-AA WELL      | 0.99   |       |
| 25   | 8:27am  | SRC-AA WELL      | 1.06   |       |
| 26   | 7:13am  | SRC-AA WELL      | 1.01   |       |
| 27   | 7:08am  | SRC-AA WELL      | 0.97   |       |
| 28   | 7:17am  | SRC-AA WELL      | 1.21   |       |
| 29   |         | SRC-AA WELL      |  |       |
| 30   |         | SRC-AA WELL      |  |       |
| 31   |         | 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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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:<br/>/ /</p> <p>Date it was returned to service:<br/>/ /</p> |
|---|---|---|

|  |   |   |
|--|---|---|
| Printed Name: Ryan Gerken<br>Signature: <br>Date: 2/28/2022 | Title: Acting Hatchery Manager<br>Phone #: (541) 332-7025 | Operator Certification #:<br>OR<br>Small Groundwater System <input checked="" type="checkbox"/> |
|--|---|---|

**Return by 10<sup>th</sup> of following month by either email [dwp.dmce@dhsosha.state.or.us](mailto:dwp.dmce@dhsosha.state.or.us); fax 971-673-0694; or mail to Drinking Water Services. PO Box 14350. Portland. OR 97293-0350.**