

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

System Name ODF/WL ELK RIVER HATCHERY
March
Month/Year 2022

PWS ID# 41 05503

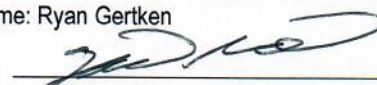
Entry Point: EP-A

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	8:29am	SRC-AA WELL	1.17	
2	9:30am	SRC-AA WELL	1.26	
3	8:00am	SRC-AA WELL	1.12	
4	8:30am	SRC-AA WELL	1.16	
5	8:16am	SRC-AA WELL	0.96	
6	7:57am	SRC-AA WELL	1.10	
7	11:16am	SRC-AA WELL	1.23	
8	8:50am	SRC-AA WELL	0.99	
9	8:17am	SRC-AA WELL	1.01	
10	8:44	SRC-AA WELL	0.96	
11	8:41am	SRC-AA WELL	0.95	
12	9:34am	SRC-AA WELL	0.99	
13	8:10am	SRC-AA WELL	1.06	
14	8:05am	SRC-AA WELL	0.96	
15	8:40am	SRC-AA WELL	1.04	
16	8:35am	SRC-AA WELL	1.05	
17	8:06am	SRC-AA WELL	1.08	
18	8:33am	SRC-AA WELL	1.07	
19	7:24am	SRC-AA WELL	1.03	
20	7:37am	SRC-AA WELL	1.05	
21	9:35am	SRC-AA WELL	1.09	
22	8:27am	SRC-AA WELL	1.04	
23	1:14pm	SRC-AA WELL	1.06	
24	8:30am	SRC-AA WELL	1.28	
25	8:23am	SRC-AA WELL	1.03	
26	7:59am	SRC-AA WELL	1.22	
27	7:55am	SRC-AA WELL	1.17	
28	7:17am	SRC-AA WELL	1.13	
29	7:22am	SRC-AA WELL	1.08	
30	7:43am	SRC-AA WELL	1.04	
31	7:27am	SRC-AA WELL	1.06	

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: 3/31/2022		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 Drinkina Water Services. PO Box 14350. Portland. OR 97293-0350.