

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

System Name ODF/WL ELK RIVER HATCHERY

PWS ID# 41 05503

Month/Year April
2022

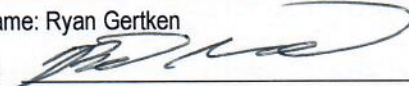
Entry Point: EP-A

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		SRC-AA WELL		
2	8:09am	SRC-AA WELL	1.23	
3	11:00am	SRC-AA WELL	1.24	
4	8:31am	SRC-AA WELL	0.96	
5	8:13am	SRC-AA WELL	0.87	
6	9:44am	SRC-AA WELL	0.94	
7	8:35am	SRC-AA WELL	0.81	
8	9:13am	SRC-AA WELL	1.17	
9	7:24am	SRC-AA WELL	1.04	
10	7:10am	SRC-AA WELL	1.09	
11	12:00pm	SRC-AA WELL	1.05	
12	7:25am	SRC-AA WELL	1.03	
13	8:09am	SRC-AA WELL	0.88	
14	8:03am	SRC-AA WELL	1.08	
15	8:41am	SRC-AA WELL	1.05	
16	7:45am	SRC-AA WELL	1.07	
17	8:30am	SRC-AA WELL	0.86	
18	9:30am	SRC-AA WELL	0.89	
19	7:15am	SRC-AA WELL	0.95	
20	7:38am	SRC-AA WELL	0.99	
21	8:14am	SRC-AA WELL	1.02	
22	8:27am	SRC-AA WELL	1.04	
23	7:56am	SRC-AA WELL	0.94	
24	8:45am	SRC-AA WELL	1.24	
25	8:54am	SRC-AA WELL	1.06	
26	8:21am	SRC-AA WELL	0.99	
27	8:48am	SRC-AA WELL	1.01	
28	8:43am	SRC-AA WELL	0.97	
29	9:13am	SRC-AA WELL	1.02	
30	7:18am	SRC-AA WELL	0.98	
		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: 4/30/2022		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 Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.