
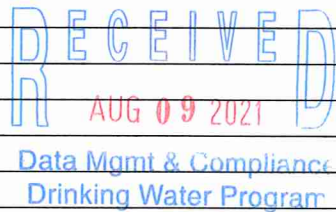



**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name Alpine Water Company PWS ID# 41 
 Month/Year Jul / 2021 Entry Point: Crandall Av. well L27779 Required Minimum Residual 0.4 mg/L

| Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-------|------------------|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | 16:30 | SRC-AA | 0.5 | |
| 5 | | | | |
| 6 | 19:40 | SRC-AA | 0.5 | |
| 7 | 18:45 | " | 0.5 | |
| 8 | 18:10 | " | 0.5 | |
| 9 | 15:00 | " | 0.5 | |
| 10 | 10:25 | " | 0.4 | |
| 11 | 17:45 | " | 0.4 | |
| 12 | 13:30 | " | 0.4 | |
| 13 | 10:30 | " | 0.4 | |
| 14 | 19:45 | " | 0.4 | |
| 15 | 18:35 | " | 0.3 | |
| 16 | 18:50 | " | 0.3 | |
| 17 | 16:35 | " | 0.4 | |
| 18 | 18:15 | " | 0.4 | |
| 19 | 12:45 | " | 0.4 | |
| 20 | 08:15 | " | 0.4 | |
| 21 | 08:15 | " | 0.4 | |
| 22 | 18:30 | " | 0.4 | |
| 23 | 19:05 | " | 0.4 | |
| 24 | 13:30 | " | 0.4 | |
| 25 | 18:45 | " | 0.4 |  |
| 26 | 12:30 | " | 0.4 | |
| 27 | 09:30 | " | 0.4 | |
| 28 | 09:30 | " | 0.4 | |
| 29 | 18:45 | " | 0.4 | |
| 30 | 19:00 | " | 0.4 | |
| 31 | 16:05 | " | 0.4 | |

Was the chlorine residual ever less than the required minimum residual of 0.4 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 <u>0.4</u> mg/L as required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p> | <p align="center">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> |

Printed Name: BETT CHELMAN Title: PRESIDENT Operator Certification #: _____
 Signature:  Phone #: (541) 231 2139 OR
 Date: 08 / 04 / 2021 Small Groundwater System

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.