

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

System Name Alpine Water Company PWS ID# 41 94089  
 Month/Year Oct. 1 2021 Entry Point: Crandall Av. Well, L 27779 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	07:15	SRC-AA	0.5	
2	<del>15:15</del>	"	0.4	
3	<del>17:00</del>	"	0.4	
4	07:30	"	0.5	
5	07:15	"	0.5	
6	07:30	"	0.5	
7	08:00	"	0.5	
8	18:00	"	0.4	
9	14:30	"	0.4	
10	18:15	"	0.4	
11	08:00	"	0.5	
12	11:00	"	0.5	
13	08:30	"	0.5	
14	07:30	"	0.4	
15	07:30	"	0.5	
16	10:20	"	0.4	
17	14:30	"	0.4	
18	07:15	"	0.4	
19	07:30	"	0.4	
20	07:15	"	0.4	
21	12:15	"	0.4	
22	08:00	"	0.4	
23	09:30	"	0.4	
24	14:45	"	0.4	
25	10:30	"	0.4	
26	11:00	"	0.4	
27	09:00	"	0.4	
28	09:00	"	0.4	
29	10:00	"	0.4	
30	10:50	"	0.4	
31	15:30	"	0.4	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: RETT CHELMAN Title: PRESIDENT Operator Certification #: \_\_\_\_\_  
 Signature: [Signature] Phone #: (541) 231 2139 OR  
 Date: 10/10/2021 Small Groundwater System

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