

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

System Name Alpine Water Company

PWS ID# 41 94089

Month/Year Nov. / 2021 Entry Point: Crandall Ave 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	08:00	SRC-AA	0.4	
2	08:00	"	0.4	
3	08:00	"	0.5	
4	07:30	"	0.5	
5	08:00	"	0.5	
6	08:20	"	0.4	
7	15:45	"	0.4	
8	07:15	"	0.5	
9	07:15	"	0.4	
10	07:15	"	0.4	
11	09:00	"	0.4	
12	15:15	"	0.4	
13	10:45	"	0.4	
14	16:00	"	0.4	
15	12:45	"	0.5	
16	07:15	"	0.5	
17	07:15	"	0.5	
18	13:30	"	0.5	
19	08:30	"	0.5	
20	10:00	"	0.5	
21	15:45	"	0.5	
22	07:15	"	0.5	
23	07:15	"	0.5	
24	07:15	"	0.5	
25	15:30	"	0.5	
26	11:00	"	0.5	
27	12:00	"	0.5	
28	09:45	"	0.5	
29	07:15	"	0.4	
30	07:15	"	0.7	
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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>

Printed Name: RETT C HELLMAN Title: PRESIDENT Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: (541) 231 2139 OR  
 Date: 12 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.