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

System Name Alpine Wefer Company PWS ID# 41 94089  Month/Year Dec. 12021 Entry Point: Crandoll Ave. Well, L 27779 Required Minimum Residual 0.4 mg/L							
Date	Time	Source(s) i	2	Lowest free chlorine residual at entry point to distribution system (mg/L)	-	Notes	
1	07:15	SRC-AA		0. 6			
2	07:15	N N		0.6			
3	07:15	15		0.5			
4	12:30	11		0.6			
5	14:45	ł,		0.6			
6	07:30	No.		0,7			
7	10:00	11		0.6			
8	09:15	t,		0.6			
9	07:45	11		0,6			
10	07:30	A)		0.6			
11	15:30	· ·		0.6			
12	15:45	ti,		0.4			
13	07:15			0.4			
14	07:15	. At		0,4			
15	07:15	14		0,4			
16	07:15	No.		0.4		NAME OF THE PARTY	
17	07:15	1,		0.4			
18	12:15	**		0.1	@ 14:40, 6	concernste	
19 08:454-42 87				0.4		Concentrate	
20 14:12.8:45 07				TS (0.3	@ 16:00, b.	ick to 0.5 steer adding	
21 16:10,445 17 "				03 69 0:5		concentrate	
		17		0.5			
23	15:00	, ,		B 650,4			
24	US 15115	١٠ ٢٦		0.4			
25	09:05			0,5			
26 27	12:15	N.		0.5			
28	13:30	1.	TO THE STATE OF TH	0,5			
29	13:15	77		0.5			
30	13:25	11		0.5			
31	13:10	N		0.5			
Was the chlorine residual ever less than the required minimum residual of one 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.							
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						300	
			Did continuous monitoring equipment fail at any tim			Date continuous monitoring	
until the residual returned to 🐧 Y mg/L			reporting month? Yes No		arry urrie uris	equipment failed:	
, — III			If yes, were grab samples collected every four hours until the		1 1		
			continuous monitoring equipment was returned to serviced		ed to service as		
this torm. see notes column						service:	
			Attach grab sample results and submit them v		with this form.		
Printed Name:			Title: PRESIDELT		Operator Certification #:		
Signatur	0	010	Pho	Phone #: (541) 2312139		OR	
Date:	117	12077		71		roundwater System 🔽	
as required? Yes No  Attach those results and submit them with this form.			reporting month? Yes No  If yes, were grab samples collected every fou		ur hours until the ed to service as with this form.  Operato	equipment failed:  / Date it was returned to service:  / / r Certification #:	