

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

System Name **ALSEA RIVIERA** PWS ID# 41 05346  
 Month/Year **4 / 2021** Entry Point: **WATER SYSTEM** Required Minimum Residual ~~1.5~~ <sup>0.42</sup> mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
4/1		RESIDENTIAL TAP	1.8	5 GAL TO 45 GAL
4/2		↑	1.8	INJECTION SYSTEM
4/3			1.8	
4/4			1.9	MONITORED
4/5			1.9	AT RESIDENTIAL
4/6			1.9	TAP AND
4/7			1.8	WEEKLY AT
4/8			1.8	SOURCE
4/9			1.8	
4/10			1.7	
4/11			1.7	
4/12			1.7	
4/13			1.7	
4/14			1.8	
4/15			1.8	
4/16			1.8	
4/17			1.8	
4/18			1.7	
4/19			1.7	
4/20			1.8	
4/21			1.8	
4/22			1.6	
4/23			1.6	
4/24			1.6	
4/25			1.6	
4/26			1.7	
4/27			1.5	
4/28			1.4	
4/29			1.4	
4/30			1.5	
5/1			1.5	

**RECEIVED**  
MAY 10 2021

Data Mgmt & Compliance  
Drinking Water Program

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 checked="" type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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 checked="" 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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / / N/A</p> <p>Date it was returned to service: / / N/A</p>
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Printed Name: **JOHN M. WORTH** Title: **PRESIDENT** Operator Certification #: \_\_\_\_\_  
 Signature: *John M. Worth* Phone #: **(503) 803-5338** OR \_\_\_\_\_  
**(503) 803-5338**

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

Date: 05 / 07 / 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.

August 22, 2019