


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

System Name Alsea Riviera Imp Dist.  
Month/Year 6 1202 Entry Point:

PWS ID# 41 05346   
Required Minimum Residual 0.8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			1.8	
2			1.8	
3			1.7	
4			1.8	
5			1.7	
6			1.6	
7			1.6	
8			1.4	
9			1.4	
10			1.4	
11			1.4	
12			1.4	
13			1.2	
14			1.2	
15			1.2	
16			1.2	
17			1.2	
18			1.2	
19			1.2	
20			1.2	
21			1.2	
22			1.2	
23			1.2	
24			1.2	
25			1.3	
26			1.3	
27			1.2	
28			1.2	
29			1.2	
30			1.2	
31				

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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 checked="" type="checkbox"/> Yes <input 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 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: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
Signature: John M. White Phone #: (503) 803-5338 OR

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

Date: 8/7/16/25

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

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