

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

System Name ALSEA RIVIERA WATER IMPROV. PWS ID# 41



Month/Year 7/18/21 Entry Point: DISTRICT

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			1.2	
2			1.2	
3			1.2	
4			1.2	
5			1.2	
6			1.2	
7			1.2	
8			1.2	
9			1.2	
10			1.2	
11			1.2	
12			1.2	
13			1.2	
14			1.2	
15			1.2	
16			1.2	
17			1.2	
18			1.2	
19			1.2	
20			1.8	
21			1.6	ADDED CHLORINE MIXTURE TO INJECTOR TANK 7/20/21
22			1.6	
23			1.8	
24			1.8	
25			1.8	
26			1.7	
27			1.8	
28			1.7	
29			1.8	
30			1.8	
31			1.6	

ADDED CHLORINE MIXTURE TO INJECTOR TANK 7/20/21

RECEIVED
AUG 16 2021
Oregon Department of Environmental Quality & 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>GWS Serving 3,300 or Fewer</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>Attach those results and submit them with this form. <u>NA</u></p>	<p>GWS Serving More Than 3,300</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: JOHN M. WORTH Title: PRESIDENT

Signature: John M. Worth Phone #: (503) 803-5338

Operator Certification #: _____
OR

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

Date: 08/07/2021

Small Groundwater System

Return by 10th of following month by either email 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