

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

System Name ALSEA RIVIERA

PWS ID# 41

Month/Year 8 2021 Entry Point:

Required Minimum Residual mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			1.6	
2			1.6	
3			1.6	
4			1.6	
5			1.6	
6			1.6	
7			1.5	
8			1.5	
9			1.5	
10			1.4	
11			1.4	
12			1.4	
13			1.2	
14			1.2	
15			1.2	
16			1.1	
17			1.1	
18			1.0	
19			1.0	
20			1.0	
21			1.1	
22			1.0	
23			1.0	
24			1.0	
25			1.0	
26			1.0	
27			1.0	
28			1.0	
29			1.0	
30			1.0	
31			1.0	

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 SEP 09 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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Operator Certification #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ OR

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

Date: 08/04/21

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