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

System Name Alsea Riviera Improvement Jist PWS ID# 41 05346							
Month/Year 9 /202 Entry Point:					Required Minimum Residual 0,4 mg/L		
Date	Time	Source(s) in		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes	
1				1.8			
2				1.8			
3 4				1.8			
5				1.8			
6				2.6			
7				2.8		an an a de fração, procede do fração de ser a desta de desta de esta como de fora do esta que estado de estado	
8				3.0			
9				3.2			
10				3.2			
11				2.8			
12				2.6			
13				2.4			
14 15				2.0 1.8			
16				1.6			
17				16		ann magainn, ann ar ann am da hair an gailt na ann airth a' mhar fairn a bha fhaigin airm againn a gallant na Amaigneach àir	
18				1.4		ericularium pungunian pung apan panasa da menerikan menerikan puna Administrasi mengang pengapapatan da da menerikan	
19				1.4			
20				1.4			
21				1.2			
22				1.2			
23				1.2	B	FREI WEID	
24	1			1:2	10)	505	
25 26				1,2	1 10	OCT 0 6 2021	
27				1.2.			
28	Opening to the second state of			1.2	Da	ta Mgmt & Gompliance rinking Water Program	
29				1.2	D	rinking Water 1199	
30				1.2			
31							
Was the chlorine residual ever less than the required minimum residual of mg/L?							
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? ☑ Yes ☐ No			Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed:				
Attach those results and submit them with this form.			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No Attach grab sample results and submit them with this form.				
Printed Name: JOHN WORTH Title: PRES, Operator Certification #: Signature: John M. Worth Phone #: (563) 863 - OR							
Signature John M. Worth Phone #: (563) 863- OR							

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Date: 10 /01/21

Small Groundwater System

Return by 10th of following month by either email <u>dwp.dmce@state.or.us</u>; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019