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

System	Name /	Alsea Riviera Water Impi	rovement Dis	BIOL	VS ID# 41		
Month/	Year 3	12022 Entry Point:		Re	quired Minimu	um Residual 0.40 mg/L	
Date	Time	Source(s) in u		Lowest free chlorine residual at entry point to distribution system (mg/	-)	Notes	
1				107			
2				.07			
3				.०व			
4				.07			
5				.07			
6				167			
7				.08			
8				00			
9	-			00			
10				108			
11	-			08			
12	-			108			
13				-08			
14	-			,08			
16	-			.08			
17	1			08			
18	1			108			
19				.08			
20				.08			
21				,08			
22				,08			
23				.08			
24				.08			
25		IN EGELV	EIN	0			
26				.08			
27		APR 0 8 202	2	1.08			
28			1000	.08			
29	-	Data Mgmt & Com		.08			
30		Drinking Water Pro	ogram	1.08			
	the chlorine	residual ever less than the	required minin	num residual of mg/L'	Yes 🗌	No	
To the same of the	b.alaa H	he longest time period unti	the required l	evel was restored? h	ours – If > 4 ho	ours, Drinking Water Program to be	
ii yes	o, Wildt Was II	no rongest unte penou unu	. a.o. roquirou i				
notifi	ed by end of	next business day.					
G	WS Servin	g 3,300 or Fewer		GWS Servin		1	
If ye	s, did you mo	onitor every four hours returned to mg/L	Did continuous monitoring equipment fail at any time this reporting month? \(\subseteq \text{Yes} \) No \(\subseteq \text{Date continuous monitoring equipment failed:} \)				
		☐ Yes ☐ No	If yes, were grab samples collected every four hours until the				
Atta	ch those resu	ilts and submit them with	continuous r	continuous monitoring equipment was returned to service as Date it was returned to			
this form.			required? Yes No service: Attach grab sample results and submit them with this form.				
and the same of th			Attach grab	sample results and submit ti	em with this 10	om. ' '	
Printe	ed Name: -	TOHN WORTH	1	Title: PRESIDENT	- 0	Operator Certification #:	

State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

Date: 04 106 1 22 John M. Word

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

503-803-5838

Data Mgmt & Compliance **Drinking Water Program**