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

System Name Alsea Riviera Water Improvement District PWS ID# 4 1 05346						
Month/	Year 04	/ /2022 Entry Po	pint:	Required Minimum Residual 0.40 mg/L		
Date	Time	Source(s)		Lowest free chlorine residual at entry point to distribution system (mg/L		Notes
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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			Did continuous monitoring equipment fail at any time this reporting month? Yes No Date continuous monitoring equipment failed:			
as required? Yes No			If yes, were grab samples collected every four hours until the			1 1
Attach those results and submit them with			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.			service:
Auton gras cample recalls and custim alon min along						
Printed Name:			Title		Operato	r Certification #:
JOHN WORTH			PR	ESIDENT		

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Date: 051 02122 John M. World

Small Groundwater System

Return by 10<sup>th</sup> 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

503-803-5338

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Data Mgmt & Compliance Drinking Water Program