

**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 **5 / 2022** Entry Point:

Required Minimum Residual **0.40 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1			.08	
2			.08	
3			.08	
4			.08	
5			.08	
6			.07	
7			.08	
8			.08	
9			.08	
10			.08	
11			.08	
12			.08	
13			.08	
14			.08	
15			.08	
16			.08	
17			.08	
18			.08	
19			.07	
20			.07	
21			.08	
22			.08	
23			.08	
24			.08	
25			.08	
26			.07	
27			.08	
28			.08	
29			.08	
30			.08	
31			.08	

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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 checked="" type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></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 checked="" 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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: _____ Title: _____ Operator Certification #: _____

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

Date: 5/13/2022

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