

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

System Name Alsea Riviera PWS ID# 41 05346
 Month/Year 7/2022 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			.07	
4			.07	
5			.08	
6			.08	
7			.08	
8			.08	
9			.07	
10			.07	
11			.06	
12			.08	
13			.08	
14			.08	
15			.08	
16			.07	
17			.08	
18			.08	
19			.06	
20			.06	
21			.08	
22			.09	
23			.07	
24			.08	
25			.08	
26			.08	
27			.07	
28			.08	
29			.08	
30			.07	
31			.07	

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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 type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</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 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>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: JOHN M. WORTH Title: PRESIDENT Operator Certification #: _____
 Signature: John M. Worth Phone #: (503) 803-5338 OR

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

Date: 1 1 John M. Worth - Pres 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

JOHN M. WORTH
503-803-5338

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