

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

System Name Alesea Riviera Water Improvement District

PWS ID# 41 05346

Month/Year Oct 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			.07	
3			.07	
4			.06	
5			.06	
6			.08	
7			.06	
8			.08	
9			.06	
10			.08	
11			.08	
12			.08	
13			.06	
14			.08	
15			.08	
16			.08	
17			.08	
18			.08	
19			.08	
20			.08	
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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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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 WORTH

Title: PRESIDENT

Operator Certification #: \_\_\_\_\_

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

Date: 1) 10/1/22 John M. Woot Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto: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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