

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

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JAN 05 2023

Certification
 Drinking Water Services

System Name Alesa Riviera Water Improvement District

PWS ID# 4 1 05346

Month/Year DEC 1 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			.07	
5			.08	
6			.08	
7			.08	
8			.08	
9			.08	
10			.08	
11			.07	
12			.07	
13			.08	
14			.08	
15			.08	
16			.07	
17			.07	
18			.07	
19			.08	
20			.08	
21			.08	
22			.08	
23			.08	
24			.08	
25			.08	
26			.08	
27			.08	
28			.07	
29			.06	
30			.06	
31			.06	

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 Wonzh

Title:

President

Operator Certification #:

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

Date: 12 / 31 / 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

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