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 6 / 3 Entry Point: Required Minimum Residual 0.40 mg/L						
Date	Time	Source(s) i	n use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1				0.8		
2				0,8		
3				9.8		or an arrangement of the second
4				. 0 පි		
5				.07		
6				.07	-	
7			X	.07	ADDED	CHLORINE
8				.08		
9						
11				1.1		
12				11		
13				10		
14				1.0		
15				1.0		
16				1.0		
17				1,0		
18				1.0		
19				2.0	1	
20				2.0		
21				1,0		
22				[.]		
23				1.1	_	
24				1,1		
25				<u> </u>		
26				1.	_	
27 28				1.0		
29				1.0		
30				1.0		
31				1.0	+	
-	Vas the chlorine residual ever less than the required minimum residual of mg/L? Yes No					
Trad the difference residual ever less than the required Hillimitati residual of Hillington 1165 [] 165 [] 170						
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 as required? Yes No Attach those results and submit them with						Date continuous monitoring equipment failed:
			3 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			1 1
						Date it was returned to
this form.					service:	
			Attach grab sample results and submit them with this form.		1 1	
Printed Name: JOHN M. WORTH PRESIDENT Operator Certification #:						

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Small Groundwater System

Date: () 1 / C Z / J Z Small Groundwater Sys

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

For 503-803-5338