

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

System Name **Alesea Riviera Water Improvement District**

PWS ID# **4 1 05346**

Month/Year **9 / 2023** 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		1.0	1.0	
2		1.0	1.0	
3		1.	1.0	
4		1.1	1.1	
5			1.1	
6			1.0	
7			.09	
8			.09	
9			.09	
10			.08	
11			.09	
12			.08	
13			.07	
14			.08	
15			.07	
16			.07	
17			.08	
18			.08	
19			.08	
20			.08	
21			.08	
22			.08	
23			.08	
24			.07	
25			.07	
26			.08	
27			.09	
28			.09	
29			.08	
30			.08	
31				

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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><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 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: **JOHN WORTER** Title: **PRESIDENT** Operator Certification #:

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

Date: 10 / 1 / 23

John M. Ugent

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

503-803-5338

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