

**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 10 123 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	
2			1.0	
3			1.0	
4			1.0	
5			1.0	
6			1.0	
7			1.0	
8			.09	
9			.09	
10			.09	
11			.08	
12			.08	
13			.08	
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			.08	
27			.07	
28			.07	
29			.08	
30			.07	
31			.08	

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NOV 02 2023

Data Mgmt & Compliance  
Drinking Water Program

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.

<b>GWS Serving 3,300 or Fewer</b>	<b>GWS Serving More Than 3,300</b>	
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  Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No  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  Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / /  Date it was returned to service: / /

Printed Name:

Title:

Operator Certification #:

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

Date:     /     /

Small Groundwater System

*Return by 10<sup>th</sup> of following month by either email [dwp.dnrc@state.or.us](mailto:dwp.dnrc@state.or.us); fax 971-673-0694;  
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.*

August 22, 2019