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Certification Drinking Water Services

System Name	Alsea Riviera Water Improvement District		PWS ID#	4 1 05346

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

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.

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 this form.*	Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ 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 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