

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

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DEC 8 2024

Certification Drinking Water Services

System Name Alsea Riviera Water Improvement District

PWS ID# 41 05346

Month/Year 11 12024 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	
5			.08	
6			.08	
7			.08	ADD
8			.09	
9			.09	
10			1.0	
11			1.0	
12			.09	
13			.08	
14			.08	
15			.09	
16			.09	
17			.09	
18			1.0	
19			.09	
20			.09	
21			.09	
22			.09	
23			.08	
24			.08	
25			.08	
26			1.0	
27			.09	
28			.09	
29			.09	
30			.09	
31				

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

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.

GWS Serving More Than 3,300

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

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Date: 11/30/24

Small Groundwater System ☐

Certification
Drinking Water Services

Return by 10th of following month by either email dwp.dmsce@state.or.us; fax 971-673-0694;
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019