

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

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**JAN 06 2025**

*Certification Drinking Water Services*

System Name **Alsea Riviera Water Improvement District**

PWS ID# **41 05346**

Month/Year **12 / 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			.09	
2			.09	
3			.09	
4			.09	
5			.09	
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	
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**

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

Date:

12/24/19

Small Groundwater System ☐

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

August 22, 2019

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