

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

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MAY 09 2025

System Name **Alsea Riviera Water Improvement District**

PWS ID# **41 05346**

Month/Year **4/2025** 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			.07	
2			.07	
3			.08	
4			.08	
5			.08	
6			.08	
7			.08	
8			.07	
9			.07	
10			.07	
11			.07	
12			.07	
13			.07	
14			.07	
15			.07	
16			.07	
17			.07	
18			.07	
19			.08	
20			.08	
21			.08	
22			.08	
23			.08	
24			.07	
25			.07	
26			.07	
27			.07	
28			.07	
29			.07	
30			.07	
31			.07	

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:

4,30,25

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dince@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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Certification Drinking Water Services