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 17025 Entry Point: Required Minimum Residual 0.40 mg/L Lowest free chlorine Date Time Source(s) in use residual at entry point to Notes distribution system (mg/L) 1 ADD CHLORINE 2 08 3 4 5 6 7 8 0 9 10 11 12 .09 13 09 14 ADD 15 09 16 1.0 17 1.0 18 1.0 19 20 21 20 22 23 24 25 26 27 28 08 29 03 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 Did continuous monitoring equipment fail at any time this Date continuous monitoring until the residual returned to reporting month? Yes No equipment failed: as required? Yes If yes, were grab samples collected every four hours until the Attach those results and submit them with continuous monitoring equipment was returned to service as Date it was returned to this form. Yes No service: Attach grab sample results and submit them with this form. Printed Name: Title: Operator Certification #:

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Small Groundwater System

Date: 7 /3/ +2025 Small Groundwater Sys

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

August
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