

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

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Certification Drinking Water Services

System Name Alsea Riviera Water Improvement District

PWS ID# 41 05346

Month/Year 11/2025 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			0.8	
2			0.8	
3			0.8	
4			0.8	
5			0.8	
6			0.7	
7			0.8	
8			0.8	
9			0.8	
10			0.8	
11			0.8	
12			0.8	
13			0.7	
14			0.8	
15			0.8	
16			0.8	
17			0.8	
18			0.8	
19			0.8	
20			0.8	
21			0.8	
22			0.8	
23			0.8	
24			0.8	
25			0.8	
26			0.8	
27			0.8	
28			0.8	
29			0.8	
30			0.8	
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	GWS Serving More Than 3,300
<p>If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>

Printed Name:

Title:

Operator Certification #:

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

Date: 11/30/2025

Small Groundwater System

Return by 10th of following month by either email dwq.dmce@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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