

**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# **4 1 05346**

Month/Year **12 / 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			0.7	
2			0.7	
3			0.7	
4			0.7	
5			0.7	
6			0.7	
7			0.6	
8			0.6	
9			0.8	
10			0.8	
11			0.8	
12			0.8	
13			0.8	
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			0.7	
30			0.8	
31			0.8	

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: / /

Small Groundwater System ☐

Return by 10th of following month by either email dwp.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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