

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 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	GWS Serving More Than 3,300
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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  
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Date: / /

Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmc@state.or.us](mailto:dwp.dmc@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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