

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

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Data Mgmt & Compliance
Drinking Water Program

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **1 / 2021** Entry Point: **EP-A**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:20 P.M.	KITCHEN TAP	0.7	
2	9:11 "	"	0.7	
3	7:28 "	"	0.7	
4	8:45 "	"	0.7	
5	9:48 "	"	0.7	
6	8:06 "	"	0.7	
7	9:00 "	"	0.7	
8	8:05 "	"	0.7	
9	9:12 "	"	0.6	
10	8:07 "	"	0.6	
11	7:50 "	"	0.6	
12	8:47 "	"	0.7	
13	7:35 "	"	0.7	
14	8:20 "	"	0.7	
15	9:13 "	"	0.7	
16	9:30 "	"	0.7	
17	8:37 "	"	0.8	
18	9:00 "	"	0.8	
19	9:45 "	"	0.8	
20	8:25 "	"	0.8	
21	9:14 "	"	0.8	
22	9:40 "	"	0.8	
23	9:20 "	"	0.8	
24	8:34 "	"	0.8	
25	9:26 "	"	0.8	
26	8:40 "	"	0.9	
27	8:44 "	"	0.9	
28	8:20 "	"	0.9	
29	8:55 "	"	0.9	
30	9:01 "	"	0.9	
31	8:38 "	"	0.9	

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.

<p>GWS Serving 3,300 or Fewer</p> <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>GWS Serving More Than 3,300</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>
<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>	

Printed Name: Kirby Hansen Title: OWNER Operator Certification #: _____
 Signature: Kirby Hansen Phone #: (541) 997-3254 OR
 Date: 2 / 5 / 21 Small Groundwater System