

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **2. /21** 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	8:03 PM	KITCHEN TAP	0.8	
2	9:34 "	"	0.8	
3	9:40 "	"	0.8	
4	9:27 "	"	0.8	
5	9:10 "	"	0.8	
6	8:45 "	"	0.8	
7	8:50 "	"	0.8	
8	9:28 "	"	0.8	
9	9:20 "	"	0.8	
10	9:15 "	"	0.7	
11	8:56 "	"	0.6	
12	9:54 "	"	0.6	
13	10:15 "	"	1.0	
14	9:05 "	"	0.5	
15	9:47 "	"	0.4	
16	9:39 "	"	0.6	
17	9:50 "	"	0.6	
18	9:20 "	"	0.6	
19	9:01 "	"	0.6	
20	9:30 "	"	0.6	
21	8:40 "	"	0.7	
22	8:55 "	"	0.7	
23	9:54 "	"	0.9	
24	9:57 "	"	0.8	
25	9:05 "	"	0.8	
26	7:18 "	"	0.8	
27	8:56 "	"	0.8	
28	8:43 "	"	0.8	
29				
30				
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.

<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>
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<p>Printed Name: _____</p> <p>Signature: <u>Kirby Hansen</u></p> <p>Date: <u>3/2/21</u></p>	<p>Title: _____</p> <p>Phone #: <u>(541) 997-3254</u></p>	<p>Operator Certification #: _____</p> <p>OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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