

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **5 / 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	9:14 P.M.	KITCHEN TAP	0.7	
2	9:52 "	"	0.7	
3	9:47 "	"	0.7	
4	9:28 "	"	0.6	
5	9:20 "	"	0.6	
6	9:40 "	"	0.6	
7	9:15 "	"	0.6	
8	8:45 "	"	0.6	
9	8:33 "	"	0.6	
10	9:20 "	"	0.7	
11	9:50 "	"	0.7	
12	9:45 "	"	0.6	
13	9:42 "	"	0.6	
14	9:48 "	"	0.6	
15	9:16 "	"	0.5	
16	10:20 "	"	0.4	
17	9:08 "	"	0.4	
18	9:18 "	"	0.4	
19	8:54 "	"	0.4	
20	9:10 "	"	0.4	
21	9:24 "	"	0.4	
22	8:30 "	"	0.4	
23	9:10 "	"	0.4	
24	8:40 "	"	0.4	
25	10:23 "	"	0.5	
26	9:09 "	"	0.6	
27	7:44 "	"	0.6	
28	10:13 "	"	0.6	
29	9:00 "	"	0.6	
30	9:45 "	"	0.7	
31	9:30 "	"	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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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<p>Printed Name: <u>Kirby Hansen</u></p> <p>Signature: <u>Kirby Hansen</u></p> <p>Date: <u>6/5/21</u></p>	<p>Title: <u>OWNER</u></p> <p>Phone #: <u>(541) 991-3254</u></p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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