

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **11 / 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	8:20 P.M.	KITCHEN TAP	0.7	
2	9:50 "	"	0.7	
3	8:40 "	"	0.8	
4	8:53 "	"	0.8	
5	8:48 "	"	0.8	
6	8:07 "	"	0.7	
7	8:25 "	"	0.7	
8	9:47 "	"	0.6	
9	8:35 "	"	0.7	
10	9:15 "	"	0.7	
11	8:30 "	"	0.7	
12	9:35 "	"	0.7	
13	9:05 "	"	0.7	
14	9:29 "	"	0.8	
15	9:20 "	"	0.8	
16	9:30 "	"	0.7	
17	9:45 "	"	0.7	
18	8:30 "	"	0.7	
19	8:39 "	"	0.7	
20	8:45 "	"	0.8	
21	8:50 "	"	0.8	
22	9:23 "	"	0.8	
23	9:18 "	"	0.8	
24	8:44 "	"	0.8	
25	9:10 "	"	0.8	
26	8:43 "	"	0.8	
27	9:10 "	"	0.8	
28	9:05 "	"	0.8	
29	8:15 "	"	0.8	
30	9:30 "	"	0.8	
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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><b>GWS Serving 3,300 or Fewer</b></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 align="center"><b>GWS Serving More Than 3,300</b></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) 947-3254** OR  
 Date: **12/18/21** Small Groundwater System