

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **12 / 2021** Entry Point: **EP-A**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use <i>KITCHEN TAP</i>	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	8:43 PM	"	0.7	
2	8:25 "	"	0.7	
3	8:45 "	"	0.8	
4	9:40 "	"	0.8	
5	9:00 "	"	0.8	
6	8:55 "	"	0.8	
7	8:40 "	"	0.8	
8	8:50 "	"	0.8	
9	8:44 "	"	0.8	
10	8:10 "	"	0.8	
11	9:10 "	"	0.8	
12	9:20 "	"	0.8	
13	8:35 "	"	0.8	
14	8:19 "	"	0.8	
15	9:35 "	"	0.8	
16	9:15 "	"	0.8	
17	9:40 "	"	0.7	<i>There was a pipe leak that caused water to drain but adjustments were made quickly.</i>
18	9:03 "	"	0.7	
19	8:30 "	"	0.7	
20				
21				<i>Tenants were told not to drink the water.</i>
22	9:15 "	"	0.9	
23	9:25 "	"	0.9	
24	8:47 "	"	0.5	
25	10:30 "	"	0.9	
26	8:37 "	"	0.4	
27	8:20 "	"	0.4	
28	9:06 "	"	0.5	
29	10:25 "	"	0.4	
30	9:10 "	"	0.4	
31	8:45 "	"	0.4	

Was the chlorine residual ever less than the required minimum residual of **0.4 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>

Printed Name: **KIRBY HANSEN** Title: **OWNER** Operator Certification #: **OR**
 Signature: *Kirby Hansen* Phone #: **(541) 997-3254** Small Groundwater System
 Date: **11/8/2022**