

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **2/2022** Entry Point: **EP-A**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use KITCHEN TAP	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:21 P.M.	"	0.4	
2	9:45 "	"	0.4	
3	9:17 "	"	0.4	
4	9:10 "	"	0.4	
5	8:20 "	"	0.4	
6	9:12 "	"	0.4	
7	9:25 "	"	0.4	
8	8:15 "	"	0.4	
9	8:30 "	"	0.6	
10	8:10 "	"	0.7	
11	9:01 "	"	0.7	
12	8:11 "	"	0.7	
13	8:15 "	"	0.7	
14	9:15 "	"	0.7	
15	8:25 "	"	0.7	
16	8:00 "	"	0.7	
17	9:50 "	"	0.6	
18	8:15 "	"	0.6	
19	9:21 "	"	0.5	
20	8:32 "	"	0.6	
21	9:09 "	"	0.6	
22	8:47 "	"	0.8	
23	9:55 "	"	1.0	
24	9:24 "	"	1.1	
25	8:11 "	"	1.0	
26	9:05 "	"	0.7	
27	7:25 "	"	0.5	
28	8:33 "	"	0.5	
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 checked="" 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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Printed Name: _____ Title: **Operator**
 Signature:  Phone #: **(541) 342-1718**
 Date: **3/4/22**

Operator Certification #: **6528**
 OR
 Small Groundwater System