

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **3 1 2022** 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	6:55 P.M.	KITCHEN TAP	0.5	
2	9:20 "	"	0.6	
3	6:50 "	"	0.6	
4	8:31 "	"	0.6	
5	8:04 "	"	0.6	
6	9:05 "	"	0.6	
7	8:33 "	"	0.6	
8	7:05 "	"	0.6	
9	6:41 "	"	0.6	
10	7:09 "	"	0.6	
11	6:15 "	"	0.6	
12	8:00 "	"	0.6	
13	8:21 "	"	0.6	
14	5:00 "	"	0.6	
15	9:42 "	"	0.7	
16	9:04 "	"	0.7	
17	9:34 "	"	0.7	
18	7:14 "	"	0.7	
19	7:33 "	"	0.7	
20	8:08 "	"	0.7	
21	7:24 "	"	0.6	
22	9:40 "	"	0.6	
23	9:54 "	"	0.6	
24	6:45 "	"	0.6	
25	7:56 "	"	0.7	
26	8:12 "	"	0.7	
27	9:30 "	"	0.7	
28	7:10 "	"	0.7	
29	9:32 "	"	0.6	
30	9:20 "	"	0.6	
31	9:50 "	"	0.6	

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><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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: **KIRBY HANSEN** Title: **OWNER**  
 Signature: *Kirby Hansen* Phone #: **(541) 997-3254**  
 Date: **4 15 22**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System