

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **5 12022** 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	8:10 P.M.	KITCHEN TAP	0.6	
2	8:45 "	"	0.6	
3	6:55 "	"	0.7	
4	8:40 "	"	0.7	
5	8:07 "	"	0.7	
6	9:04 "	"	0.6	
7	9:12 "	"	0.7	
8	8:55 "	"	0.7	
9	9:00 "	"	0.7	
10	9:13 "	"	0.7	
11	8:43 "	"	0.7	
12	6:55 "	"	0.7	
13	7:45 "	"	0.7	
14	7:51 "	"	0.7	
15	9:57 "	"	0.7	
16	9:00 "	"	0.7	
17	8:20 "	"	0.7	
18	8:15 "	"	0.7	
19	7:55 "	"	0.7	
20	8:42 "	"	0.7	
21	9:10 "	"	0.7	
22	9:21 "	"	0.7	
23	9:12 "	"	0.7	
24	8:30 "	"	0.7	
25	9:21 "	"	0.7	
26	8:20 "	"	0.8	
27	8:40 "	"	0.8	
28	7:25 "	"	0.8	
29	8:08 "	"	0.8	
30	7:57 "	"	0.8	
31	8:31 "	"	0.8	

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><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>Date it was returned to service: / /</p>
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Printed Name: **MARJORIE HANSEN** Title: **OWNER**  
 Signature: *Marjorie Hansen* Phone #: **(541) 991-3254**  
 Date: **6 1 7 12022**

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