

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **6 / 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
		KITCHEN TAP		
1	9:10 P.M.	"	0.8	
2	9:13 "	"	0.8	
3	9:45 "	"	0.8	
4	8:45 "	"	0.7	
5	8:11 "	"	0.7	
6	7:26 "	"	0.7	
7	8:35 "	"	0.8	
8	8:45 "	"	0.8	
9	9:20 "	"	0.8	
10	6:50 "	"	0.8	
11	9:03 "	"	0.7	
12	9:12 "	"	0.7	
13	7:30 "	"	0.7	
14	8:27 "	"	0.7	
15	8:30 "	"	0.7	
16	8:57 "	"	0.7	
17	8:52 "	"	0.7	
18	8:04 "	"	0.7	
19	8:44 "	"	0.8	
20	8:40 "	"	0.8	
21	9:10 "	"	0.8	
22	7:05 "	"	0.8	
23	9:40 "	"	0.8	
24	8:28 "	"	0.8	
25	7:02 "	"	0.8	
26	9:33 "	"	0.8	
27	8:32 "	"	0.8	
28	8:30 "	"	0.8	
29	9:40 "	"	0.8	
30	9:15 "	"	0.8	
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 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>
--	--	---

Printed Name: **MARJORIE HANSEN** Title: **OWNER**
 Signature: *Marjorie Hansen* Phone #: **(541) 497-3254**
 Date: **7/1/2022**

Operator Certification #: _____
 OR
 Small Groundwater System