

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

System Name **Suslaw Marina**

PWS ID# 41 05289

Month/Year 10 / 2022 Entry Point: EPA

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	9:15 PM	"	0.6	
2	8:21 "	"	0.6	
3	8:30 "	"	0.6	
4	8:55 "	"	0.6	
5	9:07 "	"	0.5	
6	8:42 "	"	0.5	
7	9:15 "	"	0.5	
8	9:29 "	"	0.5	
9	9:35 "	"	0.6	
10	8:27 "	"	0.6	
11	8:33 "	"	0.6	
12	8:40 "	"	0.6	
13	8:34 "	"	0.6	
14	9:15 "	"	0.6	
15	9:30 "	"	0.6	
16	8:46 "	"	0.6	
17	8:25 "	"	0.6	
18	7:45 "	"	0.6	
19	8:20 "	"	0.5	
20	8:47 "	"	0.5	
21	8:10 "	"	0.5	
22	8:25 "	"	0.5	
23	8:20 "	"	0.5	
24	8:15 "	"	0.5	
25	8:34 "	"	0.5	
26	8:41 "	"	0.5	
27	7:32 "	"	0.6	
28	8:45 "	"	0.6	
29	7:16 "	"	0.6	
30	8:35 "	"	0.6	
31	7:04 "	"	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.

**GWS Serving 3,300 or Fewer**

**GWS Serving More Than 3,300**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No

Did continuous monitoring equipment fail at any time this reporting month?  Yes  No

Date continuous monitoring equipment failed: / /

Attach those results and submit them with this form.

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No

Date it was returned to service: / /

Attach grab sample results and submit them with this form.

Printed Name: MARJORIE HANSEN

Title: OWNER

Operator Certification #: \_\_\_\_\_

Signature: *Marjorie Hansen*

Phone #: (541) 997-3254

OR

Date: 11 / 1 / 22

Small Groundwater System