

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

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System Name Suslaw Marina

PWS ID# 41 05289

Month/Year 2 / 2023 **Entry Point** EPA

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 | 8:19 P.M. | KITCHEN TAP | 0.6 | |
| 2 | 7:15 " | " | 0.6 | |
| 3 | 6:25 " | " | 0.6 | |
| 4 | 8:15 " | " | 0.6 | |
| 5 | 6:45 " | " | 0.6 | |
| 6 | 7:49 " | " | 0.6 | |
| 7 | 7:00 " | " | 0.6 | |
| 8 | 6:35 " | " | 0.6 | |
| 9 | 6:53 " | " | 0.6 | |
| 10 | 8:27 " | " | 0.6 | |
| 11 | 7:42 " | " | 0.6 | |
| 12 | 7:45 " | " | 0.6 | |
| 13 | 6:24 " | " | 0.6 | |
| 14 | 7:05 " | " | 0.6 | |
| 15 | 7:20 " | " | 0.7 | |
| 16 | 7:40 " | " | 0.5 | |
| 17 | 7:05 " | " | 0.5 | |
| 18 | 6:07 " | " | 0.5 | |
| 19 | 8:40 " | " | 0.5 | |
| 20 | 7:00 " | " | 0.5 | |
| 21 | 6:45 " | " | 0.5 | |
| 22 | 6:55 " | " | 0.5 | |
| 23 | 7:10 " | " | 0.4 | |
| 24 | 7:15 " | " | 0.4 | |
| 25 | 8:15 " | " | 0.4 | |
| 26 | 7:10 " | " | 0.4 | |
| 27 | 7:52 " | " | 0.5 | |
| 28 | 10:30 " | " | 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 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 **Operator Certification #:** _____
Signature: *Marjorie Hansen* **Phone #:** (541) 947-3254 **OR**
Date: 2/28/23 **Small Groundwater System**