

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

*m105*

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **4/2023** Entry Point: **EP-A**

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	8:30 P.M.	"	0.8	
2	7:20 "	"	0.6	
3	7:45 "	"	0.5	
4	7:55 "	"	0.6	
5	7:34 "	"	0.6	
6	7:43 "	"	0.6	
7	7:14 "	"	0.6	
8	9:00 "	"	0.6	
9	7:08 "	"	0.6	
10	6:55 "	"	0.6	
11	8:50 "	"	0.7	
12	7:49 "	"	0.7	
13	7:29 "	"	0.7	
14	8:10 "	"	0.7	
15	7:50 "	"	1.0	
16	9:15 "	"	0.9	
17	7:50 "	"	0.8	
18	7:40 "	"	0.7	
19	8:30 "	"	0.5	
20	7:25 "	"	0.5	
21	8:00 "	"	0.5	
22	8:35 "	"	0.6	
23	6:00 "	"	0.6	
24	6:30 "	"	0.6	
25	9:05 "	"	0.6	
26	8:45 "	"	0.7	
27	8:41 "	"	0.7	
28	9:05 "	"	0.7	
29	9:00 "	"	0.7	
30	7:52 "	"	0.7	
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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 align="center"><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>

Printed Name: **MARJORIE HANSEN** Title: **OWNER** Operator Certification #: \_\_\_\_\_  
 Signature: *Marjorie Hansen* Phone #: **(541) 997-3254** OR  
 Date: **5/2/23** CELL **541-999-1333** Small Groundwater System