

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **5 12023** Entry Point: **EP-A**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use <i>KITCHEN TAP</i>	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:05 PM	"	0.7	
2	7:53 "	"	0.7	
3	8:45 "	"	0.7	
4	8:06 "	"	0.6	
5	7:00 "	"	0.6	
6	8:20 "	"	0.6	
7	9:15 "	"	0.6	
8	8:55 "	"	0.6	
9	8:50 "	"	0.6	
10	8:25 "	"	0.7	
11	8:40 "	"	0.7	
12	8:35 "	"	0.7	
13	8:03 "	"	0.7	
14	9:30 "	"	0.7	
15	8:55 "	"	0.7	
16	8:25 "	"	0.7	
17	8:15 "	"	0.7	
18	7:05 "	"	0.7	
19	7:53 "	"	0.7	
20	9:25 "	"	0.7	
21	8:52 "	"	0.7	
22	7:10 "	"	0.7	
23	8:45 "	"	0.7	
24	9:40 "	"	0.7	
25	7:55 "	"	0.7	
26	9:00 "	"	0.7	
27	9:30 "	"	0.7	
28	8:54 "	"	0.7	
29	9:15 "	"	1.0	
30	7:30 "	"	0.8	
31	9:00 "	"	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.

<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>
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Printed Name: **MARJORIE HANSEN** Title: **OWNER**
 Signature: *Marjorie Hansen* Phone #: **(541) 997-3254**
 Date: **6 16 23** CELL **541-999-1333**

Operator Certification #: _____
 OR
 Small Groundwater System