

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

miss

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **6 / 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	8:20 P.M	"	0.6	
2	8:05 "	"	0.6	
3	8:45 "	"	0.5	
4	7:00 "	"	0.5	
5	8:40 "	"	0.5	
6	8:50 "	"	0.6	
7	8:25 "	"	0.6	
8	9:05 "	"	0.7	
9	8:12 "	"	0.7	
10	8:55 "	"	0.8	
11	8:40 "	"	1.0	
12	8:50 "	"	0.9	
13	9:10 "	"	0.9	
14	8:30 "	"	0.9	
15	9:15 "	"	0.9	
16	9:06 "	"	0.8	
17	8:55 "	"	0.8	
18	9:00 "	"	0.7	
19	8:41 "	"	0.7	
20	8:50 "	"	0.7	
21	8:55 "	"	0.7	
22	9:00 "	"	0.7	
23	8:49 "	"	0.7	
24	8:20 "	"	0.7	
25	8:43 "	"	0.7	
26		"		
27	9:50 "	"	0.7	
28	8:50 "	"	0.8	
29	9:20 "	"	0.9	
30	9:30 "	"	0.9	
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) 997-3254** OR
 Date: **7 / 3 / 23** CELL **541-499-1333** Small Groundwater System