

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

*M. Hansen*

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **8/23** 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	8:45 P.M.	"	0.6	
2	8:35 "	"	0.6	
3	9:10 "	"	0.6	
4	9:05 "	"	0.5	
5	9:15 "	"	0.5	
6	8:55 "	"	0.5	
7	8:40 "	"	0.5	
8	8:45 "	"	0.6	
9	9:30 "	"	0.8	
10	8:30 "	"	0.7	
11	9:45 "	"	0.7	
12	9:35 "	"	0.7	
13	9:20 "	"	0.7	
14	9:50 "	"	0.8	
15	8:50 "	"	0.8	
16	4:00 "	"	0.8	
17	8:35 "	"	0.8	
18	8:50 "	"	0.8	
19	9:10 "	"	0.7	
20	8:45 "	"	0.6	
21	9:15 "	"	0.7	
22	8:10 "	"	0.7	
23	9:40 "	"	0.8	
24	9:45 "	"	0.8	
25	9:35 "	"	0.7	
26	8:30 "	"	0.7	
27	8:45 "	"	0.7	
28	9:10 "	"	0.7	
29	9:20 "	"	0.7	
30	8:55 "	"	0.7	
31	8:40 "	"	0.7	

Was the chlorine residual ever less than the required minimum residual of **0.4** 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><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) 999-3254** OR  
 Date: **9/5/23** CELL **541-999-1333** Small Groundwater System