

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **10/23** Entry Point: **EPA**

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	7:45 PM	"	0.8	
2	7:35 "	"	0.8	
3	8:15 "	"	0.8	
4	7:30 "	"	0.8	
5	8:10 "	"	0.8	
6	7:55 "	"	0.8	
7	7:30 "	"	0.8	
8	8:20 "	"	0.8	
9	8:55 "	"	0.8	
10	9:00 "	"	0.8	
11	7:20 "	"	0.8	
12	9:45 "	"	0.8	
13	8:00 "	"	0.8	
14	7:00 "	"	0.9	
15	7:10 "	"	0.9	
16	9:05 "	"	0.9	
17	8:15 "	"	0.9	
18	9:20 "	"	0.9	
19	8:05 "	"	0.9	
20	9:00 "	"	0.9	
21	9:15 "	"	0.9	
22	8:10 "	"	0.9	
23	9:10 "	"	0.8	
24	6:25 "	"	0.8	
25	9:50 "	"	0.8	
26	7:05 "	"	0.8	
27	7:15 "	"	0.8	
28	8:30 "	"	0.8	
29	7:40 "	"	0.8	
30	8:00 "	"	0.8	
31	11:25 A.M.	"	0.8	

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><i>Attach those results and submit them with this form.</i></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><i>Attach grab sample results and submit them with this form.</i></p>
	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: **MARJORIE HANSEN** Title: **OWNER**
 Signature: *Marjorie A. Hansen* Phone #: **(541) 997-3254**
 Date: **10/31/23** CELL **541-999-1333**

Operator Certification #: _____
 OR
 Small Groundwater System