

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

Marjorie

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **11/23** 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	PM	"	0.8	
2	8:55 "	"	0.7	
3	9:05 "	"	0.7	
4	8:50 "	"	0.7	
5	7:45 "	"	0.7	
6	8:25 "	"	0.8	
7	8:20 "	"	0.8	
8	8:00 "	"	0.8	
9	7:25 "	"	0.7	
10	9:35 "	"	0.7	
11	6:18 "	"	0.7	
12	7:10 "	"	0.7	
13	7:45 "	"	0.7	
14	8:45 "	"	0.7	
15	8:10 "	"	0.7	
16	8:32 "	"	0.7	
17	8:40 "	"	0.7	
18	8:15 "	"	0.7	
19	6:30 "	"	0.8	
20	8:05 "	"	0.8	
21	9:00 "	"	0.8	
22	8:30 "	"	0.8	
23	7:00 "	"	0.8	
24	9:10 "	"	0.7	
25	6:40 "	"	0.8	
26	6:55 "	"	0.8	
27	5:35 "	"	0.8	
28	6:05 "	"	0.8	
29	7:20 "	"	0.7	
30	8:40 "	"	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>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>
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Printed Name: **MARJORIE HANSEN** Title: **OWNER** Operator Certification #: _____
 Signature: *Marjorie Hansen* Phone #: **(541) 991-3254** OR
 Date: **12/14/23** CELL **541-999-1333** Small Groundwater System