

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **12/23** 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	7:50 P.M.	"	0.7	
2	8:30 "	"	0.6	
3	7:45 "	"	0.7	
4	8:45 "	"	0.7	
5	8:50 "	"	0.7	
6	9:00 "	"	0.7	
7	6:55 "	"	0.7	
8	8:53 "	"	0.6	
9	8:40 "	"	0.6	
10	7:15 "	"	0.6	
11	8:50 "	"	0.6	
12	8:45 "	"	0.6	
13	9:00 "	"	0.6	
14	8:40 "	"	0.6	
15	8:55 "	"	0.6	
16	8:45 "	"	0.6	
17	8:30 "	"	0.5	
18	6:55 "	"	0.5	
19	6:20 "	"	0.5	
20	9:05 "	"	0.6	
21	7:30 "	"	0.7	
22	8:10 "	"	0.7	
23	7:50 "	"	0.7	
24	8:15 "	"	0.7	
25	7:40 "	"	0.7	
26	8:55 "	"	0.8	
27	6:35 "	"	0.8	
28	6:50 "	"	0.8	
29	8:20 "	"	0.8	
30	8:45 "	"	0.8	
31	8:55 "	"	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><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><i>Attach those results and submit them with this form.</i></p>	<p align="center"><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><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 Hansen* Phone #: **(541) 997-3254**  
 Date: **11/2/24** CELL **541-999-1333**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System