

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

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **4 12024** Entry Point: **EP-A**

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
		KITCHEN TAP		
1	7:05 P.M.	"	0.9	
2	8:15 "	"	0.7	
3	6:45 "	"	0.6	
4	5:40 "	"	0.6	
5	8:45 "	"	0.6	
6	9:15 "	"	0.6	
7	9:00 "	"	0.6	
8	8:40 "	"	0.6	
9	8:00 "	"	0.7	
10	8:35 "	"	0.7	
11	8:45 "	"	0.7	
12	9:05 "	"	0.7	
13	8:40 "	"	0.6	
14	7:10 "	"	0.6	
15	8:55 "	"	0.6	
16	8:30 "	"	0.6	
17	9:00 "	"	0.6	
18	8:40 "	"	0.6	
19	9:05 "	"	0.6	
20	9:20 "	"	0.6	
21	8:55 "	"	0.5	
22	8:50 "	"	0.5	
23	9:00 "	"	0.5	
24	9:10 "	"	0.5	
25	8:20 "	"	0.5	
26	8:55 "	"	0.5	
27	8:45 "	"	0.5	
28	8:35 "	"	0.5	
29	8:50 "	"	0.5	
30	8:30 "	"	0.5	
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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>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>
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Printed Name: MARJORIE HANSEN Title: OWNER Operator Certification #: _____
 Signature: Marjorie A. Hansen Phone #: (997) 3254 OR
 Date: 5 17 124 CELL 541-999-1333 Small Groundwater System