

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

MAR 2024

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **5 / 2024** Entry Point: **EP-A**

Required Minimum Residual **0.4 mg/L**

Date	Time	Source(s) in use KITCHEN TAP	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9:15 P.M.	"	0.5	
2	9:25 "	"	0.5	
3	8:30 "	"	0.5	
4	9:10 "	"	0.6	
5	7:25 "	"	0.6	
6	9:05 "	"	0.6	
7	9:15 "	"	0.6	
8	8:50 "	"	0.7	
9	8:55 "	"	0.7	
10	9:45 "	"	0.7	
11	9:00 "	"	0.7	
12	9:15 "	"	0.7	
13	8:40 "	"	0.7	
14	9:30 "	"	0.7	
15	7:00 "	"	0.7	
16	8:45 "	"	0.7	
17	8:55 "	"	0.7	
18	8:35 "	"	0.7	
19	9:22 "	"	0.7	
20	9:10 "	"	0.6	
21	8:00 "	"	0.6	
22	9:40 "	"	0.6	
23	9:35 "	"	0.6	
24	9:15 "	"	0.7	
25	9:05 "	"	0.7	
26	8:50 "	"	0.8	
27	9:00 "	"	0.8	
28	9:15 "	"	0.8	
29	9:10 "	"	0.8	
30	8:25 "	"	0.9	
31	8:40 "	"	1.0	

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>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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<p>Printed Name: MARJORIE HANSEN</p> <p>Signature: <i>Marjorie A. Hansen</i></p> <p>Date: 1 / 1</p>	<p>Title: OWNER</p> <p>Phone #: (997) 3254</p> <p>CELL 541-999-1333</p>	<p>Operator Certification #: _____</p> <p align="center">OR</p> <p>Small Groundwater System <input checked="" type="checkbox"/></p>
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