

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

**System Name**    Suslaw Marina

**PWS ID#**    41 05289

**Month/Year**    8/2024    **Entry Point:**    EPA

**Required Minimum Residual**    0.4 mg/L

| Date | Time      | Source(s) in use<br><u>KITCHEN TAP</u> | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-----------|--|--|-------|
| 1    | 9:00 P.M. | ..                                     | 0.4  |       |
| 2    | 9:15 "    | "                                      | 0.5  |       |
| 3    | 9:10 "    | "                                      | 0.5  |       |
| 4    | 8:35 "    | "                                      | 0.5  |       |
| 5    | 8:45 "    | "                                      | 0.5  |       |
| 6    | 8:25 "    | "                                      | 0.5  |       |
| 7    | 8:50 "    | "                                      | 0.5  |       |
| 8    | 9:05 "    | "                                      | 0.6  |       |
| 9    | 9:40 "    | "                                      | 0.5  |       |
| 10   | 9:35 "    | "                                      | 0.5  |       |
| 11   | 8:55 "    | "                                      | 0.5  |       |
| 12   | 9:20 "    | "                                      | 0.5  |       |
| 13   | 8:40 "    | "                                      | 0.5  |       |
| 14   | 9:20 "    | "                                      | 0.5  |       |
| 15   | 9:10 "    | "                                      | 0.5  |       |
| 16   | 8:35 "    | "                                      | 0.5  |       |
| 17   | 9:25 "    | "                                      | 0.5  |       |
| 18   | 6:45 "    | "                                      | 0.4  |       |
| 19   | 9:00 "    | "                                      | 1.8  |       |
| 20   | 8:30 "    | "                                      | 0.4  |       |
| 21   | 7:45 "    | "                                      | 0.4  |       |
| 22   | 9:05 "    | "                                      | 0.4  |       |
| 23   | 9:28 "    | "                                      | 0.5  |       |
| 24   | 8:20 "    | "                                      | 0.4  |       |
| 25   | 8:50 "    | "                                      | 0.6  |       |
| 26   | 8:45 "    | "                                      | 0.4  |       |
| 27   | 8:00 "    | "                                      | 0.5  |       |
| 28   | 8:30 "    | "                                      | 1.2  |       |
| 29   | 9:00 "    | "                                      | 0.9  |       |
| 30   | 8:45 "    | "                                      | 1.0  |       |
| 31   | 7:30 "    | "                                      | 0.7  |       |

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><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 align="center">/   /</p> <p>Date it was returned to service:</p> <p align="center">/   /</p> |
|---|---|---|

**Printed Name:** MARJORIE HANSEN    **Title:** OWNER    **Operator Certification #:** \_\_\_\_\_

**Signature:** Marjorie Hansen    **Phone #:** (541) 997-3254    **OR**

**Date:** 9/3/2024    **CELL** 541-999-1333    **Small Groundwater System**