

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

System Name **Stuslaw Marina**

PWS ID# **41 05289**

Month/Year **9/2024** Entry Point: **EPA**

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	8:45 P.M.	"	0.6	
2	4:10 "	"	0.5	
3	9:00 "	"	0.5	
4	9:15 "	"	0.4	
5	6:25 "	"	0.6	1.4
6	5:30 "	"	0.5	
7	8:50 "	"	0.4	
8	7:30 "	"	0.5	
9	9:20 "	"	0.7	
10	9:30 "	"	0.6	
11	7:20 "	"	0.5	
12	8:15 "	"	0.5	
13	9:05 "	"	0.6	
14	8:55 "	"	0.6	
15	8:30 "	"	0.6	
16	9:40 "	"	0.7	
17	8:50 "	"	0.7	
18	9:58 "	"	0.7	
19	9:00 "	"	0.7	
20	8:20 "	"	0.7	
21	8:40 "	"	0.7	
22	8:55 "	"	0.7	
23	9:00 "	"	0.7	
24	9:10 "	"	1.3	
25	7:00 "	"	0.5	
26	7:10 "	"	0.4	
27	9:05 "	"	0.4	
28	8:40 "	"	1.2	
29	7:45 "	"	0.5	
30	8:05 "	"	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><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>Attach those results and submit them with this form.</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>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 #: (541) 997-3254 OR  
 Date: **10/1/24** CELL 541-999-1333 Small Groundwater System