

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

*master*

System Name **Suslaw Marina**

PWS ID# **41 05289**

Month/Year **12/2024** 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
1	7:10 P.M	KITCHEN TAP	0.6	
2	7:00 "	"	0.6	
3	7:45 "	"	0.6	
4	7:30 "	"	0.6	
5	6:40 "	"	0.6	
6	9:00 "	"	0.6	
7	8:50 "	"	0.7	
8	6:50 "	"	0.8	
9	6:45 "	"	0.8	
10	7:20 "	"	0.8	
11	7:15 "	"	0.9	
12	9:20 "	"	0.9	
13	8:30 "	"	0.9	
14	8:55 "	"	0.9	
15	8:35 "	"	0.6	
16	6:05 "	"	0.5	
17	8:20 "	"	0.7	
18	8:45 "	"	0.8	
19	7:25 "	"	0.8	
20	8:40 "	"	0.8	
21	7:50 "	"	0.9	
22	7:55 "	"	0.9	
23	6:35 "	"	1.0	
24	9:50 "	"	1.1	
25	8:30 "	"	1.2	
26	7:15 "	"	1.3	
27	7:05 "	"	1.3	
28	8:40 "	"	1.3	
29	9:05 "	"	1.3	
30	8:50 "	"	1.2	
31	7:50 "	"	0.9	

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>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 Hansen* Phone #: **(541) 997-3254** OR  
 Date: **11/7/25** CELL **541-999-1333** Small Groundwater System