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

System Name Siuslaw Marina **PWS ID#** 41 05289

Month/Year 1 / 2025 **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	6:45 P.M.	"	0.8	
2	8:50 "	"	0.7	
3	8:30 "	"	0.6	
4	8:00 "	"	0.5	
5	6:10 "	"	0.5	
6	9:30 "	"	0.5	
7	8:35 "	"	0.6	
8	9:15 "	"	0.6	
9	8:45 "	"	0.6	
10	8:55 "	"	0.6	
11	8:25 "	"	0.6	
12	9:00 "	"	0.6	
13	9:15 "	"	0.6	
14	9:20 "	"	0.6	
15	8:55 "	"	0.5	
16	6:25 "	"	0.5	
17	8:40 "	"	0.6	
18	9:35 "	"	0.6	
19	8:10 "	"	0.7	
20	9:40 "	"	0.7	
21	8:45 "	"	0.7	
22	8:20 "	"	0.7	8227.49
23	8:42 "	"	0.7	8228.28
24	7:30 "	"	0.7	8228.70
25	9:15 "	"	0.7	
26	8:55		0.60	
27	9:10		0.76	8232.50
28	8:55		0.70	8233.32
29	8:04		0.88	8234.10
30	8:30		0.60	823509
31	9:30		0.71	8235.89

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.**

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit those with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: MARJORIE HANSEN **Title:** ~~OWNER~~

Signature: Marjorie Hansen **Phone #:** ( )

Date: 02 / 01 / 2025 CELL 541-999-1333

Operator Certification #:

OR

Small Groundwater System ☒

December 19, 2012