

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

Master

System Name **Siuslaw Marina**

PWS ID# **41 05289**

Month/Year **Feb. 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
1	10:15	Pump House	0.74	
2	9:55	Pump House	0.71	8237110
3	9:00	Pump House	0.92	8237620
4	9:10	Pump House	0.90	8238390
5	10:00	Pump House	0.92	8239120
6	9:00	Pump House	0.85	8239780
7	9:00	Pump House	0.70	8240600
8	8:30	Pump House	0.84	8241020
9	8:45	Pump House	0.97	8242260
10	9:00	Pump House	1.28!	8242920
11	9:05	Pump House	0.83	8243540
12	8:15	Pump House	0.92	8244010
13	9:00	Pump House	.63	8244910
14	9:00	Pump House	.82	8245550
15	8:35	Pump House	0.92	8246160
16	9:30	Pump House	0.89	8247080
17	8:35	Pump House	0.72	8247690
18	9:00	Pump House	0.83	8248270
19	8:20	Pump House	0.91	8248910
20	9:00	Pump House	0.76	8249540
21	9:00	Pump House	0.64	8250120
22	8:20	Pump House	0.54	8250990
23	9:00	Pump House	0.65	8251540
24	8:40	Pump House	0.65	8252040
25	8:20	Pump House	0.60	8252630
26	9:00	Pump House	0.57	8253380
27	9:45	" "	0.54	8254170
28	10:20	" "	0.51	8254580
29				
30				
31				

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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Printed Name: Jason Wagner Title: Maintenance Lead Operator Certification #: _____
 Signature: Jason Wagner Phone #: 541-999-1256
 Date: Feb. 28. 2025

OR
Small Groundwater System