



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

System Name: Siuslaw Marina			PWS ID# 41 - 05289		
Month/Year: March-25			Required Minimum Residual: 0.30 mg/L		

Date	Time	Source(s) in Use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:00:00 PM	WELL (LANE19133)	0.49	
2	2:00:00 PM	WELL (LANE19133)	0.46	
3	10:00:00 AM	WELL (LANE19133)	0.51	
4	10:00:00 AM	WELL (LANE19133)	0.65	
5	6:00:00 AM	WELL (LANE19133)	0.41	
6	2:00:00 PM	WELL (LANE19133)	0.56	
7	10:00:00 AM	WELL (LANE19133)	0.64	
8	6:00:00 AM	WELL (LANE19133)	0.40	
9	6:00:00 PM	WELL (LANE19133)	0.44	
10	6:00:00 PM	WELL (LANE19133)	0.41	
11	6:00:00 PM	WELL (LANE19133)	0.46	
12	6:00:00 PM	WELL (LANE19133)	0.45	
13	10:00:00 AM	WELL (LANE19133)	0.49	
14	10:00:00 AM	WELL (LANE19133)	0.46	
15	6:00:00 AM	WELL (LANE19133)	0.45	
16	2:00:00 PM	WELL (LANE19133)	0.82	
17	2:00:00 PM	WELL (LANE19133)	0.56	
18	6:00:00 AM	WELL (LANE19133)	0.44	
19	6:00:00 AM	WELL (LANE19133)	0.49	
20	6:00:00 PM	WELL (LANE19133)	0.55	
21	10:00:00 AM	WELL (LANE19133)	0.48	
22	10:00:00 AM	WELL (LANE19133)	0.52	
23	2:00:00 PM	WELL (LANE19133)	0.48	
24	6:00:00 AM	WELL (LANE19133)	0.41	
25	6:00:00 AM	WELL (LANE19133)	0.52	
26	6:00:00 AM	WELL (LANE19133)	0.42	
27	10:00:00 AM	WELL (LANE19133)	0.42	
28	2:00:00 PM	WELL (LANE19133)	0.43	
29	2:00:00 PM	WELL (LANE19133)	0.41	
30	6:00:00 PM	WELL (LANE19133)	0.45	
31	11:00:00 PM	WELL (LANE19133)	1.50	

Was the chlorine residual ever less than the required minimum residual of **.40 mg/L** ____ Yes X No
 If yes, what was the longest time period until the required level was restored? ____ hours

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to .40 mg/L?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? ____Yes ____No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? ____Yes ____No</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Dan Reitz Signature: 	Title: Vice- President Oregon Water Services, Inc. Phone#: (541) 342-1718	Operator Certification #: 6528 OR
Date: 4/7/2025		Small Ground Water System