


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

System Name: Siuslaw Marina			PWS ID# 41 - 05289	
Month/Year: April-25			Required Minimum Residual: 0.40 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)	0.40	
2	2:00:00 PM	WELL (LANE19133)	0.41	
3	10:00:00 AM	WELL (LANE19133)	0.40	
4	10:00:00 AM	WELL (LANE19133)	0.42	
5	6:00:00 AM	WELL (LANE19133)	0.43	
6	2:00:00 PM	WELL (LANE19133)	0.47	
7	10:00:00 AM	WELL (LANE19133)	0.41	
8	6:00:00 AM	WELL (LANE19133)	0.42	
9	6:00:00 PM	WELL (LANE19133)	0.69	
10	6:00:00 PM	WELL (LANE19133)	0.78	
11	6:00:00 PM	WELL (LANE19133)	0.96	
12	6:00:00 PM	WELL (LANE19133)	1.56	
13	10:00:00 AM	WELL (LANE19133)	1.33	
14	10:00:00 AM	WELL (LANE19133)	1.09	
15	6:00:00 AM	WELL (LANE19133)	0.96	
16	2:00:00 PM	WELL (LANE19133)	0.95	
17	2:00:00 PM	WELL (LANE19133)	1.02	
18	6:00:00 AM	WELL (LANE19133)	1.02	
19	6:00:00 AM	WELL (LANE19133)	1.02	
20	6:00:00 PM	WELL (LANE19133)	1.06	
21	10:00:00 AM	WELL (LANE19133)	1.02	
22	10:00:00 AM	WELL (LANE19133)	1.00	
23	2:00:00 PM	WELL (LANE19133)	0.96	
24	6:00:00 AM	WELL (LANE19133)	1.01	
25	6:00:00 AM	WELL (LANE19133)	0.62	
26	6:00:00 AM	WELL (LANE19133)	0.84	
27	10:00:00 AM	WELL (LANE19133)	0.86	
28	2:00:00 PM	WELL (LANE19133)	0.86	
29	2:00:00 PM	WELL (LANE19133)	0.82	
30	6:00:00 PM	WELL (LANE19133)	0.84	
31	11:00:00 PM	WELL (LANE19133)	N/A	

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:  Date: 4/30/2025	Title: Vice- President Oregon Water Services, Inc. Phone#: (541) 342-1718	Operator Certification #: 6528 OR Small Ground Water System
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