


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

System Name: Siuslaw Marina			PWS ID# 41 - 05289	
Month/Year: May-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)	0.70	
2	2:00:00 PM	WELL (LANE19133)	0.96	
3	10:00:00 AM	WELL (LANE19133)	0.58	
4	10:00:00 AM	WELL (LANE19133)	0.86	
5	6:00:00 AM	WELL (LANE19133)	0.73	
6	2:00:00 PM	WELL (LANE19133)	0.67	
7	10:00:00 AM	WELL (LANE19133)	0.47	
8	6:00:00 AM	WELL (LANE19133)	0.51	
9	6:00:00 PM	WELL (LANE19133)	0.77	
10	6:00:00 PM	WELL (LANE19133)	0.52	
11	6:00:00 PM	WELL (LANE19133)	0.51	
12	6:00:00 PM	WELL (LANE19133)	0.61	
13	10:00:00 AM	WELL (LANE19133)	0.54	
14	10:00:00 AM	WELL (LANE19133)	0.52	
15	6:00:00 AM	WELL (LANE19133)	0.48	
16	2:00:00 PM	WELL (LANE19133)	0.62	
17	2:00:00 PM	WELL (LANE19133)	0.52	
18	6:00:00 AM	WELL (LANE19133)	0.45	
19	6:00:00 AM	WELL (LANE19133)	0.43	
20	6:00:00 PM	WELL (LANE19133)	0.47	
21	10:00:00 AM	WELL (LANE19133)	0.55	
22	10:00:00 AM	WELL (LANE19133)	0.45	
23	2:00:00 PM	WELL (LANE19133)	0.48	
24	6:00:00 AM	WELL (LANE19133)	0.51	
25	6:00:00 AM	WELL (LANE19133)	0.46	
26	6:00:00 AM	WELL (LANE19133)	0.64	
27	10:00:00 AM	WELL (LANE19133)	0.50	
28	2:00:00 PM	WELL (LANE19133)	0.48	
29	2:00:00 PM	WELL (LANE19133)	0.65	
30	6:00:00 PM	WELL (LANE19133)	0.47	
31	11:00:00 PM	WELL (LANE19133)	0.54	

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

GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to .40 mg/L ? <i>Attach those results and submit them with this form.</i>	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? ____Yes ____No <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: / / Date it was returned to service: / /
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Printed Name: Dan Reitz Signature: 	Title: Vice- President Oregon Water Services, Inc. Phone#: (541) 342-1718	Operator Certification #: 6528 OR Small Ground Water System
Date: 6/4/2025		