


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

System Name: Siuslaw Marina			PWS ID# 41 - 05289	
Month/Year: July-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)	0.44	
2	2:00:00 PM	WELL (LANE19133)	0.43	
3	10:00:00 AM	WELL (LANE19133)	0.44	
4	10:00:00 AM	WELL (LANE19133)	0.41	
5	6:00:00 AM	WELL (LANE19133)	0.42	
6	2:00:00 PM	WELL (LANE19133)	0.40	
7	10:00:00 AM	WELL (LANE19133)	0.57	
8	6:00:00 AM	WELL (LANE19133)	0.40	
9	6:00:00 PM	WELL (LANE19133)	0.46	
10	6:00:00 PM	WELL (LANE19133)	0.51	
11	6:00:00 PM	WELL (LANE19133)	0.51	
12	6:00:00 PM	WELL (LANE19133)	0.69	
13	10:00:00 AM	WELL (LANE19133)	0.64	
14	10:00:00 AM	WELL (LANE19133)	0.61	
15	6:00:00 AM	WELL (LANE19133)	0.52	
16	2:00:00 PM	WELL (LANE19133)	0.44	
17	2:00:00 PM	WELL (LANE19133)	0.42	
18	6:00:00 AM	WELL (LANE19133)	0.40	
19	6:00:00 AM	WELL (LANE19133)	0.43	
20	6:00:00 PM	WELL (LANE19133)	0.41	
21	10:00:00 AM	WELL (LANE19133)	0.40	
22	10:00:00 AM	WELL (LANE19133)	0.49	
23	2:00:00 PM	WELL (LANE19133)	0.51	
24	6:00:00 AM	WELL (LANE19133)	0.48	
25	6:00:00 AM	WELL (LANE19133)	0.42	
26	6:00:00 AM	WELL (LANE19133)	0.57	
27	10:00:00 AM	WELL (LANE19133)	0.54	
28	2:00:00 PM	WELL (LANE19133)	0.57	
29	2:00:00 PM	WELL (LANE19133)	0.48	
30	6:00:00 PM	WELL (LANE19133)	0.46	
31	7:00:00 PM	WELL (LANE19133)	0.42	

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: / /

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: 8/6/2025		