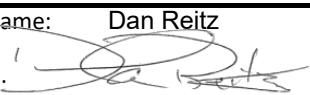


State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name: Siuslaw Marina			PWS ID# 41 - 05289	
Month/Year: October-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)	0.47	
2	2:00:00 PM	WELL (LANE19133)	0.46	
3	10:00:00 AM	WELL (LANE19133)	0.43	
4	10:00:00 AM	WELL (LANE19133)	0.40	
5	6:00:00 AM	WELL (LANE19133)	0.45	
6	2:00:00 PM	WELL (LANE19133)	0.40	
7	10:00:00 AM	WELL (LANE19133)	0.47	
8	6:00:00 AM	WELL (LANE19133)	0.46	
9	6:00:00 PM	WELL (LANE19133)	0.48	
10	6:00:00 PM	WELL (LANE19133)	0.40	
11	6:00:00 PM	WELL (LANE19133)	0.41	
12	6:00:00 PM	WELL (LANE19133)	0.40	
13	10:00:00 AM	WELL (LANE19133)	1.42	
14	10:00:00 AM	WELL (LANE19133)	0.92	
15	6:00:00 AM	WELL (LANE19133)	0.47	
16	2:00:00 PM	WELL (LANE19133)	0.42	
17	2:00:00 PM	WELL (LANE19133)	0.45	
18	6:00:00 AM	WELL (LANE19133)	0.41	
19	6:00:00 AM	WELL (LANE19133)	0.44	
20	6:00:00 PM	WELL (LANE19133)	0.47	
21	10:00:00 AM	WELL (LANE19133)	0.61	
22	10:00:00 AM	WELL (LANE19133)	0.81	
23	2:00:00 PM	WELL (LANE19133)	0.60	
24	6:00:00 AM	WELL (LANE19133)	0.58	
25	6:00:00 AM	WELL (LANE19133)	0.77	
26	6:00:00 AM	WELL (LANE19133)	0.79	
27	10:00:00 AM	WELL (LANE19133)	1.10	
28	2:00:00 PM	WELL (LANE19133)	0.84	
29	2:00:00 PM	WELL (LANE19133)	0.81	
30	6:00:00 PM	WELL (LANE19133)	0.71	
31	7:00:00 PM	WELL (LANE19133)	0.78	
Was the chlorine residual ever less than the required minimum residual of .40 mg/L <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Date: 11/5/2025		Small Ground Water System		