


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

<b>System Name:</b> Siuslaw Marina			<b>PWS ID#</b> 41 - 05289	
<b>Month/Year:</b> October-25			<b>Required Minimum Residual:</b> 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** \_\_\_\_ Yes   X   No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_ hours

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to <b>.40 mg/L</b>?</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></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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<b>Printed Name:</b> Dan Reitz <b>Signature:</b> 	<b>Title:</b> Vice- President Oregon Water Services, Inc. <b>Phone#:</b> (541) 342-1718	<b>Operator Certification #:</b> 6528 OR Small Ground Water System
<b>Date:</b> 11/5/2025		