

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> December-25			<b>Required Minimum Residual:</b> 0.40 mg/L	
<b>Date</b>	<b>Time</b>	<b>Source(s) in Use</b>	<b>Lowest free chlorine residual at entry point to distribution system (mg/L)</b>	<b>Notes</b>
1	2:00:00 PM	WELL (LANE19133)	1.19	
2	2:00:00 PM	WELL (LANE19133)	1.23	
3	10:00:00 AM	WELL (LANE19133)	1.11	
4	10:00:00 AM	WELL (LANE19133)	1.14	
5	6:00:00 AM	WELL (LANE19133)	1.21	
6	2:00:00 PM	WELL (LANE19133)	2.01	
7	10:00:00 AM	WELL (LANE19133)	2.11	
8	6:00:00 AM	WELL (LANE19133)	2.25	
9	6:00:00 PM	WELL (LANE19133)	2.36	
10	6:00:00 PM	WELL (LANE19133)	1.47	
11	6:00:00 PM	WELL (LANE19133)	1.08	
12	6:00:00 PM	WELL (LANE19133)	0.86	
13	10:00:00 AM	WELL (LANE19133)	0.79	
14	10:00:00 AM	WELL (LANE19133)	0.84	
15	6:00:00 AM	WELL (LANE19133)	0.89	
16	2:00:00 PM	WELL (LANE19133)	0.94	
17	2:00:00 PM	WELL (LANE19133)	0.80	
18	6:00:00 AM	WELL (LANE19133)	0.60	
19	6:00:00 AM	WELL (LANE19133)	0.53	
20	6:00:00 PM	WELL (LANE19133)	0.46	
21	10:00:00 AM	WELL (LANE19133)	0.77	
22	10:00:00 AM	WELL (LANE19133)	1.10	
23	2:00:00 PM	WELL (LANE19133)	1.16	
24	6:00:00 AM	WELL (LANE19133)	1.68	
25	6:00:00 AM	WELL (LANE19133)	1.90	
26	6:00:00 AM	WELL (LANE19133)	0.80	
27	10:00:00 AM	WELL (LANE19133)	1.89	
28	2:00:00 PM	WELL (LANE19133)	1.59	
29	2:00:00 PM	WELL (LANE19133)	1.43	
30	6:00:00 PM	WELL (LANE19133)	1.59	
31	7:00:00 PM	WELL (LANE19133)	0.96	
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				
<b>GWS Serving 3,300 or Fewer</b>  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>		<b>GWS Serving More Than 3,300</b>  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: 1/6/2026		Small Ground Water System		