

APRIL 2021

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

System Name Coast Marina		PWS ID# 41 91839		
Month/Year /	Entry Point: A	Required Minimum Residual 1.4 mg/L		
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	12:10		1.4	
2	12:08		1.4	
3	2:10		1.4	
4	1:21		1.4	
5	11:30		1.4	
6	10:41		1.4	
7	11:11		1.4	
8	10:17		1.4	
9	12:12		1.4	
10	11:55		1.4	
11	12:2		1.4	
12	10:44		1.4	
13	10:51		1.4	
14	10:55		1.4	
15	10:19		1.4	
16	10:27		1.4	
17	12:30		1.4	
18	9:45		1.4	
19	11:20		1.5	
20	10:37		1.4	
21	11:21		1.4	
22	11:19		1.4	
23	11:41		1.4	
24	11:21		1.4	
25	12:32		1.4	
26	11:31		1.4	
27	10:44		1.5	
28	9:10		1.9	
29	11:40		1.4	
30	10:22		1.4	
31				

Was the chlorine residual ever less than the required minimum residual of mg/L? Yes No
 If yes, what was the longest time period until the required level was restored? hours - If > 4 hours, Drinking Water Program to be notified by end of next business day.

<p>GWS Serving 3,300 or Fewer If yes, did you monitor every four hours until the residual returned to mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300 Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / / Date it was returned to service: / /</p>
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Printed Name: Linda Klein Title: Manager Operator Certification #:
 Signature: Linda Klein Phone #: () OR
 Date: 4/30/2021 641-510-5157 Small Groundwater System