

# December 2022

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

System Name: <b>Coast Marina</b>			PWS ID#: <b>41 91839</b>	
Month/Year: <b>12 12022</b> Entry Point: <b>A</b>			Required Minimum Residual: <b>1.4 mg/L</b>	

  

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:30	<del>---</del>	1.4	
2	10:28		1.4	
3	10:30		1.4	
4	11:20		1.4	
5	9:30		1.4	
6	10:01		1.4	
7	10:09		1.4	
8	10:30		1.4	
9	10:10		1.4	
10	10:15		1.4	
11	10:29		1.4	
12	10:14		1.5	
13	10:11		1.5	
14	10:40		1.4	
15	10:29		1.4	
16	10:14		1.4	
17	10:45		1.4	
18	11:12		1.4	
19	10:00		1.4	
20	10:09		1.5	
21	10:15		1.5	
22	10:11		1.4	
23	10:22		1.5	
24	10:15		1.4	
25	10:44		1.4	
26	10:29		1.4	
27	10:09		1.4	
28	10:49		1.4	
29	10:07		1.4	
30	10:27		1.5	
31	0:30		1.4	

  

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><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: <b>Linda Klein</b> Signature: <i>Linda Klein</i> Date: <b>12/19/2022</b>	Title: <b>Manager</b> Phone #: ( ) <b>541-590-5157</b>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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December 19, 2012