

February 2023

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

System Name Coast Marina		PWS ID# 41 91839		
Month/Year 1		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	10:10		1.4	
2	10:21		1.5	
3	10:53		1.4	
4	10:20		1.4	
5	10:01		1.4	
6	9:49		1.4	
7	10:02		1.4	
8	9:39		1.4	
9	10:49		1.4	
10	10:49		1.5	
11	10:05		1.4	
12	10:47		1.4	
13	10:59		1.4	
14	10:10		1.4	
15	12:31		1.4	
16	10:49		1.4	
17	10:07		1.4	
18	9:20		1.4	
19	10:01		1.4	
20	10:07		1.4	
21	10:02		1.4	
22	11:30		1.4	
23	10:22		1.4	
24	10:09		1.5	
25	10:02		1.5	
26	10:21		1.4	
27	10:21		1.5	
28	10:09		1.4	
29				
30				
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: <u>Linda Klein</u> Signature: <u>Linda Klein</u> Date: <u>3/1/2023</u>	Title: <u>Manager</u> Phone #: () <u>541-590-5157</u>	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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December 19, 2012