

October 2023

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

PWS ID# 41 91839

System Name: Coast Marine  
Month/Year: 10 12023 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	9:41		1.4	
2	9:29		1.4	
3	9:39		1.4	
4	9:36		1.4	
5	9:40		1.4	
6	9:53		1.4	
7	10:00		1.4	
8	10:02		1.4	
9	10:11		1.4	
10	9:40		1.4	
11	10:05		1.4	
12	10:49		1.4	
13	10:5		1.4	
14	10:01		1.4	
15	10:22		1.4	
16	10:21		1.4	
17	10:39		1.4	
18	10:05		1.4	
19	10:31		1.4	
20	10:22		1.4	
21	10:11		1.4	
22	10:19		1.4	
23	10:44		1.4	
24	10:07		1.4	
25	10:30		1.5	
26	9:21		1.4	
27	9:41		1.4	
28	10:33		1.4	
29	10:28		1.4	
30	10:16		1.4	
31	10:41		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.

**GWS Serving 3,000 or Fewer**  
If yes, did you monitor every four hours until the residual returned to mg/L as required?  Yes  No  
Attach those results and submit them with this form.

**GWS Serving More Than 3,000**  
Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /  
Date it was returned to service: / /

Printed Name: Lindy Kheem  
Signature: Lindy Kheem  
Date: 10/31/2023

Title: Manager  
Phone #: ( ) 541-590-5157

Operator Certification #: OR  
Small Groundwater System   
December 19, 2012