

# NOVEMBER 2025

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

System Name  
 Month/Year

COAST Marina  
 Entry Point: 91839

PWS ID# 41

Required Minimum Residual

0.7  
mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	0717		1.29	
2	0730		1.04	
3	0740		1.01	2 cups
4	0751		.98	1 cup
5	0800		.98	
6	0813		.87	
7	0830		1.05	
8	0848		.95	
9	0900		.95	1 cup
10	0930		.90	2 cups
11	0940		.88	
12	0951		.70	2 cups
13	1000		.97	1 cup
14	1030		1.03	
15	0900		2.70	
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

NO WATER  
"OFF"

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 3,300 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 3,300**  
 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: Lynn Roman  
 Signature: \_\_\_\_\_  
 Date: 12/03/25

Title: MANAGER  
 Phone #: ( ) \_\_\_\_\_  
940 283-8189

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System

Return by 10<sup>th</sup> of following month by either email [dwp.dmwce@state.or.us](mailto:dwp.dmwce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.