

Jan. 21

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

|                                       |                  |
|---------------------------------------|------------------|
| System Name<br>Coast Marina           | PWS ID# 41 91839 |
| Month/Year<br>1                       | Entry Point: A   |
| Required Minimum Residual<br>1.4 mg/L |                  |

| Date | Time  | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|-------|------------------|--|-------|
| 1    | 11:55 |                  | 1.4  |       |
| 2    | 11:10 |                  | 1.4  |       |
| 3    | 11:15 |                  | 1.5  |       |
| 4    | 11:15 |                  | 1.5  |       |
| 5    | 11:09 |                  | 1.4  |       |
| 6    | 11:09 |                  | 1.4  |       |
| 7    | 11:01 |                  | 1.4  |       |
| 8    | 11:09 |                  | 1.4  |       |
| 9    | 11:41 |                  | 1.4  |       |
| 10   | 11:51 |                  | 1.4  |       |
| 11   | 12:40 |                  | 1.5  |       |
| 12   | 11:10 |                  | 1.3  |       |
| 13   | 7:30  |                  | 1.4  |       |
| 14   | 10:44 |                  | 1.4  |       |
| 15   | 10:19 |                  | 1.4  |       |
| 16   | 12:00 |                  | 1.4  |       |
| 17   | 11:27 |                  | 1.4  |       |
| 18   | 11:14 |                  | 1.4  |       |
| 19   | 11:25 |                  | 1.4  |       |
| 20   | 10:22 |                  | 1.5  |       |
| 21   | 11:44 |                  | 1.4  |       |
| 22   | 10:51 |                  | 1.4  |       |
| 23   | 2:22  |                  | 1.5  |       |
| 24   | 11:14 |                  | 1.5  |       |
| 25   | 11:25 |                  | 1.2  |       |
| 26   | 11:32 |                  | 1.4  |       |
| 27   | 11:05 |                  | 1.4  |       |
| 28   | 10:40 |                  | 1.4  |       |
| 29   | 11:09 |                  | 1.5  |       |
| 30   | 12:30 |                  | 1.5  |       |
| 31   | 7:20  |                  | 1.5  |       |

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.

|   |   |  |
|---|---|--|
| <b>GWS Serving 3,300 or Fewer</b><br>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<br>Attach those results and submit them with this form. | <b>GWS Serving More Than 3,300</b><br>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Attach grab sample results and submit them with this form. | Date continuous monitoring equipment failed:<br>/ /<br>Date it was returned to service:<br>/ / |
|---|---|--|

|                           |                |  |
|---------------------------|----------------|--|
| Printed Name: Linda Klein | Title: Manager | Operator Certification #:                                    |
| Signature: Linda Klein    | Phone #: ( )   | OR   |
| Date: 2/1/2021            | 541-590-5157   | Small Groundwater System <input checked="" type="checkbox"/> |

December 19, 2012