

Feb. 2021

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

| System Name Coast Marina | | PWS ID# 41 91839 | | |
|-----------------------------|-------|------------------|--|-------|
| Month/Year 2/2021 | | 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 | 11:04 | | 1.4 | |
| 2 | 11:20 | | 1.4 | |
| 3 | 11:31 | | 1.4 | |
| 4 | 11:37 | | 1.4 | |
| 5 | 11:34 | | 1.5 | |
| 6 | 11:36 | | 1.4 | |
| 7 | 11:24 | | 1.4 | |
| 8 | 11:47 | | 1.5 | |
| 9 | 11:09 | | 1.4 | |
| 10 | 10:39 | | 1.5 | |
| 11 | 11:19 | | 1.4 | |
| 12 | 11:39 | | 1.4 | |
| 13 | 11:50 | | 1.4 | |
| 14 | 11:44 | | 1.4 | |
| 15 | 11:49 | | 1.5 | |
| 16 | 11:47 | | 1.4 | |
| 17 | 11:59 | | 1.5 | |
| 18 | 11:00 | | 1.4 | |
| 19 | 11:14 | | 1.4 | |
| 20 | 12:30 | | 1.4 | |
| 21 | 11:20 | | 1.4 | |
| 22 | 12:31 | | 1.4 | |
| 23 | 11:07 | | 1.5 | |
| 24 | 11:43 | | 1.4 | |
| 25 | 11:47 | | 1.5 | |
| 26 | 11:47 | | 1.4 | |
| 27 | 11:20 | | 1.4 | |
| 28 | 11:55 | | 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 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: Linda Klein Title: Manager Operator Certification #: _____
 Signature: Linda Klein Phone #: () 541-390-5157 OR
 Date: 3/1/2021 Small Groundwater System
 December 19, 2012