

September 2021

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

System Name: Coast Marina	PWS ID#: 41 91839
Month/Year: 9/2021 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	11:41		1.7	
2	11:08		1.4	
3	11:4		1.4	
4	11:05		1.5	
5	11:50		1.7	
6	11:39		1.5	
7	11:59		1.4	
8	9:59		1.4	
9	10:07		1.5	
10	11:22		1.4	
11	9:58		1.5	
12	10:29		1.4	
13	11:33		1.4	
14	10:48		1.4	
15	12:21		1.4	
16	10:00		1.4	
17	1:49		1.4	
18	10:15		1.4	
19	1:41		1.4	
20	9:51		1.5	
21	10:10		1.4	
22	10:14		1.4	
23	11:23		1.4	
24	10:08		1.4	
25	11:55		1.4	
26	11:00		1.4	
27	9:45		1.4	
28	10:21		1.4	
29	11:10		1.5	
30	11:05		1.4	
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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.	Date continuous monitoring equipment failed: _____ Date it was returned to service: _____
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Printed Name: Lindy Klein	Title: Manager	Operator Certification #: _____
Signature: <i>Lindy Klein</i>	Phone #: () 541-590-5157	OR
Date: 10/1/2021		Small Groundwater System <input checked="" type="checkbox"/>

December 19, 2012