

August 2022

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

System Name: Coast Marina			PWS ID# 41 91839	
Month/Year: 8/2022			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	10:01		1.5	
2	10:17		1.4	
3	10:08		1.4	
4	10:18		1.4	
5	10:51		1.4	
6	11:30		1.4	
7	10:49		1.4	
8	9:00		1.4	
9	10:44		1.5	
10	10:41		1.4	
11	10:53		1.4	
12	10:29		1.4	
13	10:53		1.4	
14	10:27		1.5	
15	11:30		1.4	
16	10:01		1.4	
17	10:02		1.4	
18	10:37		1.5	
19	10:44		1.4	
20	10:31		1.4	
21	10:19		1.4	
22	11:30		1.4	
23	10:22		1.4	
24	10:44		1.4	
25	10:09		1.4	
26	10:08		1.5	
27	10:50		1.4	
28	9:44		1.4	
29	11:35		1.4	
30	10:55		1.5	
31	10:09		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.

<p>GWS Serving 3,300 or Fewer</p> <p>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</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed:</p> <p style="text-align: center;">/ /</p> <p>Date it was returned to service:</p> <p style="text-align: center;">/ /</p>
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Printed Name: Linda Kyein Signature: _____ Date: 8/31/2022	Title: Manager Phone #: () 541-590-5157	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
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December 19, 2012