

# January 2023

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

System Name <b>Coast Marina</b>			PWS ID# <b>41 91839</b>	
Month/Year <b>Jan. 12 2023</b> Entry Point: <b>A</b>			Required Minimum Residual <b>1.4 mg/L</b>	
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10:49		1.4	
2	10:09		1.5	
3	10:49		1.5	
4	11:41		1.4	
5	10:09		1.4	
6	10:17		1.4	
7	10:00		1.4	
8	10:22		1.4	
9	9:50		1.4	
10	10:59		1.4	
11	10:01		1.4	
12	10:29		1.4	
13	10:22		1.4	
14	10:05		1.4	
15	10:09		1.4	
16	10:10		1.5	
17	10:44		1.4	
18	10:59		1.5	
19	10:24		1.4	
20	10:29		1.4	
21	10:45		1.4	
22	10:49		1.4	
23	12:20		1.4	
24	11:27		1.4	
25	10:20		1.4	
26	10:29		1.4	
27	10:14		1.4	
28	10:55		1.4	
29	10:55		1.4	
30	10:27		1.4	
31	10:10		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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: <u>Ludig Klem</u> Signature: <u>Ludig Klem</u> Date: <u>1/31/2023</u>	Title: <u>Manager</u> Phone #: ( ) <u>541-590-5157</u>	Operator Certification #: <u>OR</u> Small Groundwater System <input checked="" type="checkbox"/>
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December 19, 2012