

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **12/21** Entry Point: **Post Reservoir /to RV**

Required Minimum Residual **0.5 mg/L**

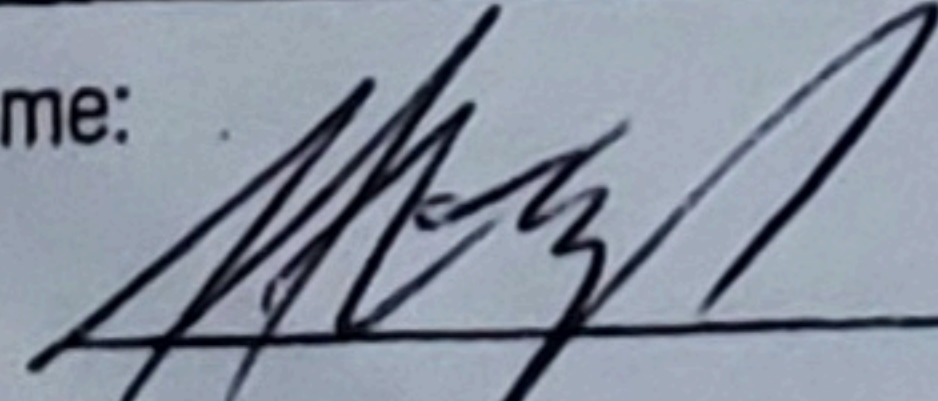
Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	10 am		0.6 0.6	
2	9 am		0.6	
3	9 am		0.6 +	Doing better at 10
4	2 pm		0.6	
5	10 am		0.6	
6	8 am		0.6	Have to take in emergency samples
7	8 am		0.6	turn key to 50. Pitidge tank
8	10 am		0.8	
9	9 am		0.8	
10	8 am		0.8	
11	8 am		0.9	Once reaches 1.2 I will
12	8 am		0.9	turn key back to 40
13	10:20		0.8	
14	11 am		0.8	
15	9 am		0.6	If drop to 0.4 - turn up
16	10 am		0.6	
17	10 am		0.9	
18	10 am		0.6	Turn Chlorinator to 50
19	9 am		0.6	
20	10 am		0.6	
21	9 am		0.8	
22	9 am		0.8	
23	10 am		1.0	
24	11 am		1.0	
25	2 pm		1.0	Turn Chlorinator to 40
26	11 am		0.8	
27	8 am		0.8	
28	9 am		0.8	
29	4 am		0.6	turn to 45 10
30	10 am		0.6	
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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? Yes 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? Yes No
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? Yes No
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: _____ / _____ / _____
 Date it was returned to service: _____ / _____ / _____

Printed Name: _____
 Signature: 
 Date: _____

Title: **Property Manager**
 Phone #: **(541) 271-0656**

Operator Certification #: _____
 OR
 Small Groundwater System