

**Monthly Disinfection Report for Ground Water Systems**

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **9 122**

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	3pm	Pump HSE	0.8	Chlor 8 1/2 Reg 40
2	4:30pm	Pump HSE	0.7	Chlor 8 1/2 Reg 40
3	3:30pm	Pump HSE	0.5	Chlor 8 1/2 Reg 40
4	5pm	Pump HSE	0.5	Chlor 8 1/2 Reg 40
5	4:45pm	Pump HSE	0.6	Chlor 8 1/2 Reg 40
6	3:15pm	Pump HSE	0.7	Chlor 8 1/2 Reg 40
7	5:45pm	Pump HSE	0.5	Chlor 8 1/2 Reg 40
8	3:10pm	Pump HSE	0.6	Chlor 8 1/2 Reg 40
9	7am	Pump HSE	0.5	Chlor 8 1/2 Reg 40
10	9:30am	Pump HSE	1.0	Chlor 8 1/2 Reg 40
11	10am	Pump HSE	1.2	Chlor 8 1/2 Reg 40
12	9am	Pump HSE	1.2	Chlor 8 1/2 Reg 40
13	9:15am	Pump HSE	1.2	Chlor 8 1/2 Reg 40
14	10am	Pump HSE	1.2	Chlor 8 1/2 Reg 40
15	9:30am	Pump HSE	1.0	Chlor 8 1/2 Reg 40
16	10:30am	Pump HSE	1.2	Chlor 8 1/2 Reg 40
17	9:45am	Pump HSE	0.6	Chlor 7 1/2 Reg 35
18	10:30am	Pump HSE	0.8	Chlor 7 1/2 Reg 35
19	11am	Pump HSE	1.0	Chlor 8 Reg 40
20	9:15am	Pump HSE	0.6	Chlor 8 Reg 40
21	8:30am	Pump HSE	0.6	Chlor 8 Reg 40
22	8:00am	Pump HSE	1.2	Chlor 8 1/2 Reg 45
23	8:30am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
24	9am	Pump HSE	0.8	Chlor 8 1/2 Reg 45
25	10:15am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
26	8:30am	Pump HSE	1.2	Chlor 8 1/2 Reg 45
27	NO Reading Due to mPA Testing.			
28	8:30am	Pump HSE	1.2	Chlor 8 1/2 Reg 45
29	8am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
30	8:15am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
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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.

<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 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>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: Misty Miller Title: manager Operator Certification #: \_\_\_\_\_  
 Signature: Misty Miller Phone #: (541) 361-5093 OR  
 Date: 1 1 Small Groundwater System