

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **10 122** 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	8 Am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
2	9 Am	Pump HSE	1.2	Chlor 8 1/2 Reg 45
3	8:45 Am	Pump HSE	1.2	Chlor 8 1/2 Reg 45
4	9:15 Am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
5	7:50 Am	Pump HSE	1.0	Chlor 8 1/2 Reg 45
6	8:00 Am	Pump HSE	0.8	Chlor 8 1/2 Reg 45
7	8:45 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
8	9 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
9	7:45 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
10	9:15 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
11	10 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
12	7:30 Am	Pum HSE	1.2	Chlor 8 1/2 Reg 45
13	8:15 Am	Pum HSE	1.2	Chlor 8 1/2 Reg 45
14	8:45 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
15	9 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
16	9:20 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
17	10:11 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
18	7:45 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
19	8:31 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
20	8:25 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
21	11 Am	Pum HSE	0.6	Chlor 8 1/2 Reg 45
22	9:45 Am	Pum HSE	0.6	Chlor 8 1/2 Reg 45
23	8:15 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45
24	7:35 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
25	8 Am	Pum HSE	1.2	Chlor 8 1/2 Reg 45
26	8:5 Am	Pum HSE	1.2	Chlor 8 1/2 Reg 45
27	8:45 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
28	8:30 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
29	9 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
30	9:15 Am	Pum HSE	1.0	Chlor 8 1/2 Reg 45
31	8:50 Am	Pum HSE	0.8	Chlor 8 1/2 Reg 45

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 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>
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Printed Name: **Misty Miller** Title: **manager** Operator Certification #: _____
 Signature: *Misty Miller* Phone #: **(541) 361-5093** OR
 Date: **10 13 122** Small Groundwater System