

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **04/2023** 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	7:20 PM	PUMP House	3.0	Chlorinator 50
2	6:00 PM	PUMP House	3.4	Adjusted to 30
3	9:00 AM	"	2.4	" to 25
4	9:10 AM	PUMP House	2.9	OK
5	9:20 AM	PUMP House	2.8	OK to 20
6	10:00 PM	PUMP House	1.6	
7	2:40 PM	PUMP House	0.2	Adjusted to 30
8	5:35 PM	PUMP House	2.0	→ 20 chlorinator
9	4:00 PM	PUMP House	3.4	→ 0 fine tune
10	2:00 PM	PUMP House	0.8	→ 10 "
11	6:30 AM	PUMP House	1.0	10 lowest
12	7:30 AM	PUMP House	1.0	10
13	7:50 AM	PUMP House	1.4	Add water 50%/50%
14	6:30 PM	PUMP	1.4	50%/50%
15	6:00 PM	PUMP House	1.6	25 chlorine / 75 water 10
16	5:00 PM	PUMP	1.2	"
17	4:00 PM	PUMP	1.0	"
18	01:20 PM	PUMP House	0.8	"
19	05 PM	"	0.6	"
20	09 AM	"	0.8	"
21	07 AM	"	0.8	Chlorine/water 50/50
22	06 AM	PUMP House	1	"
23	02 PM	spare	0.8	"
24	07 PM	PUMP House	0.6	"
25	07 PM	club House	0.8	"
26	08 AM	PUMP House	1.2	"
27	07 AM	PUMP House	0.6	"
28	09 AM	"	0.8	"
29	7:30 AM	PUMP House	0.5	"
30	7:00 AM	PUMP House	0.7	"
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Was the chlorine residual ever less than the required minimum residual of **0.5 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 checked="" 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>Date it was returned to service: _____</p>

Printed Name: **LEE, FANG CHUNG** Title: **OWNER**
 Signature: **Fang Chung LA** Phone #: **(541) 7070914**
 Date: **05/02/2023**

Operator Certification #: _____
 OR
 Small Groundwater System