

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **05 12023**

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 AM	PUMP House	0.3	
2	7 AM	"	0.8	
3	8 AM	"	0.7	
4	7 AM	SPACE 1	1	
5	9 AM	SPACE 1	0.7	
6	6 AM	PUMP House	0.3	
7	4 PM	"	1.2	
8	3 PM	"	0.8	
9	3 PM	SPACE 1	0.6	
10	6 AM	PUMP House	0.8	
11	7 AM	"	0.9	
12	7 PM	"	1	
13	7 AM	SPACE 2	0.8	
14	7 AM	SPACE 1	0.9	
15	10 AM	SPACE 2	1	
16	11 AM	PUMP House	1.2	UV light need replacement
17	7 AM	PUMP House	1.4	
18	6:20 AM	Club House	2.5	manual feed chlorine
19	6:30 A	PUMP House	0.8	FIXED pump control module
20	6:10 A		1	
21	7:15 A		0.8	
22	6:30 A		1.2	
23	6:20 A		2.0	
24	8:30 A		1.8	waiting for UV light to replace old one
25	1:00 P		0.6	
26	6:30 A		0.8	
27	6:00 A		1.0	
28	7:10 AM		0.8	
29	6:10 AM		0.8	
30	7:10 AM		1.0	
31	6:30		1.2	

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? **1** 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 0.5 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 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: **LEE, FANG CHUNG** Title: **OWNER**
 Signature: *Fang Chung Lee* Phone #: **(541) 7070914**
 Date: **06/02/2023**
 Operator Certification #: _____
 OR
 Small Groundwater System