

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **07/20²³** 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	6:10 AM	pump house	1.3	OK
2	6:20 AM	"	1.0	
3	7:20 AM	"	0.8	
4	7:20 AM	SPACE 14	1.0	
5	6:20 AM	pump house	1.2	
6	3:00 PM	club house	1.3	
7	6:20 AM	club house	0.8	
8	6:20		0.8	
9	6:10		1.0	
10	6:30		0.9	
11	6:20		1.2	
12	6:10		0.6	
13	6:30		0.7	
14	9:00		1.3	
15	8:00		1.0	
16	6:25	pump house	0.8	
17	6:20		0.6	
18	8:10		0.5	
19	7:10		0.8	
20	6:40		0.8	
21	6:30		1.0	
22	6:00		0.8	
23	6:20 AM	club house	0.8	
24	7:40	pump house	0.8	
25	6:20	SPACE 14	1.2	
26	8:10	pump house	1.4	
27	8:20		0.8	
28	6:30		1.3	
29	6:15		0.8	
30	6:40		1.2	
31	7:20		0.8	

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 checked="" 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 checked="" type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>
	<p>Date continuous monitoring equipment failed: <u> / / </u></p> <p>Date it was returned to service: <u> / / </u></p>

Printed Name: **LEE, FANG** Title: **OWNER**
 Signature: *Fang Lee* Phone #: **(541) 707-0914**
 Date: **08/07/2023**

Operator Certification #: _____
 OR
 Small Groundwater System