

# Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **09 12 23** 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	6:20			
2	6:30	pump House	0.6	
3	7:20	"	1.0	
4	6:30	"	1.2	
5	6:30	"	0.5	
6	6:10	"	0.6	
7	7:30	"	0.8	
8	6:20	"	0.8	
9	6:30	"	1.0	
10	6:20	SPACE 14	0.8	
11	7:20	pump House	0.8	
12	6:20	"	0.8	
13	8:10	"	0.8	
14	8:10	Club House	0.6	
15	6:20	pump House	1.0	
16	6:10	"	0.7	
17	6:20	"	1.2	
18	6:10	"	1.0	
19	7:10	pump House	0.8	
20	7:20	"	0.8	
21	6:50	"	0.6	
22	6:50	"	0.8	
23	6:10	"	0.6	
24	7:50	"	<u>0.3</u>	
25	1:20 PM	"	1.2	Brown water / Heavy Rain
26	6:30 AM	Club House	1.0	"
27	6:10	pump House	0.8	OK
28	6:20	"	0.6	
29	6:30	"	0.8	
30	7:20	"	0.8	
31				

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><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 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** Operator Certification #: \_\_\_\_\_  
 Signature: **Fang Chung** Phone #: **(541) 707 0914** OR  
 Date: **09/30/2023** Small Groundwater System