

**Monthly Disinfection Report for Ground Water Systems**

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **10 12 02<sup>3</sup>**

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	Pump House	0.9	
2	7:00	club House	0.8	
3	7:10	club House	1.2	
4	8:20	"	0.8	
5	7:20	"	0.2	
6	6:50	club House	0.6	
7	7:10	"	0.6	
8	7:20	Pump House	0.8	
9	7:20	"	1.2	
10	6:50	"	0.6	
11	7:10	"	0.76	
12	7:10	Pump House	0.76	
13	8:30	club House	1.2	heavy rain
14	7:20	club House	0.9	Brown water
15	6:50	Saw Shop	1.2	Drain 5 minutes
16	7:20	club House	0.8	& Boil water
17	8:20	club House	0.6	
18	7:10	Saw Shop	0.9	
19	6:50	club House	<del>0.4</del> 0.8	Adjust chlorinator
20	7:00	"	1.2	
21	8:15	"	1.0	
22	6:30	Pump House	0.8	
23	7:30	"	0.7	
24	6:20	Pump House	1.0	
25	7:10	Spoke 1/2	1.2	
26	8:00	club House	0.8	
27	7:20	"	0.7	
28	6:30	Pump House	1.0	
29	7:10	club House	1.2	
30	8:10	"	1.0	
31	7:20	"	0.8	

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><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>
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Printed Name: **LEB, FANG CHANG** Title: **Owner**  
 Signature: *[Signature]* Phone #: **(571) 7070914**  
 Date: **11 10 2023**

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System