

System Name **Smith River Marina** PWS ID# **41 92133**
 Month/Year **11/23** Entry Point **Post Reservoir /to RV** Required Minimum Residual **0.5 mg/L**

| 11/23 Date | Time | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|---------------|------|------------------|--|-------|
| 1 | 8:00 | Site # 7 | 1.5 | |
| 2 | 8:30 | Site # 5 | .5 | |
| 3 | 8:30 | Site # 5 | .5 | |
| 4 | 8:30 | Site # 5 | .5 | |
| 5 | 8:30 | Site # 5 | .5 | |
| 6 | 8:30 | Site # 5 | .5 | |
| 7 | 8:30 | Site # 5 | .5 | |
| 8 | 8:30 | Site # 5 | .5 | |
| 9 | 8:30 | Site # 5 | .5 | |
| 10 | 8:30 | Site # 5 | .5 | |
| 11 | 8:30 | Site # 5 | .5 | |
| 12 | 8:30 | Site # 5 | .5 | |
| 13 | 8:30 | Site # 5 | .5 | |
| 14 | 8:30 | Site # 3 | 1.5 | |
| 15 | 8:30 | Site # 14 | .5 | |
| 16 | 8:30 | Site # 5 | .5 | |
| 17 | 8:30 | Site # 5 | .5 | |
| 18 | 8:00 | Site # 2 | .5 | |
| 19 | 8:00 | Site # 5 | .5 | |
| 20 | 8:00 | Site # 6 | .5 | |
| 21 | 8:30 | Site # 13 | .5 | |
| 22 | 8:30 | Site # 3 | 1.5 | |
| 23 | 8:30 | Site # 2 | .5 | |
| 24 | 8:30 | Site # 2 | 1.5 | |
| 25 | 8:30 | Site # 3 | 1.5 | |
| 26 | 9:00 | Site # 6 | 1.5 | |
| 27 | 9:30 | Site # 3 | .5 | |
| 28 | 9:00 | Site # 5 | .5 | |
| 29 | 9:00 | Site # 13 | 1.5 | |
| 30 | 9:30 | Site # 2 | .5 | |
| 31 | | | | |

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>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 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: Frank Rudhomme Title: manager
 Signature: [Signature] Phone #: (541) 707-0914
 Date: 12/07/2023

Operator Certification #: _____
 OR
 Small Groundwater System