

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina** PWS ID# **41 92133**
 Month/Year **01 12024** 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	7:30 AM	Club House	0.8	
2	8:10	"	1.2	
3	7:40	"	1.5	
4	8:10	"	1.0	
5	7:10	"	0.8	
6	8:20	Space 1	1.0	
7	7:30 AM	Club House	1.2	
8	8:10	"	1.8	
9	7:40	"	1.6	
10	7:45	"	1.5	
11	7:50	"	1.4	
12	8:10	Pump House	0.8	
13	8:20	Club House	1.0	
14	6:30 AM	"	1.0	
15	1:20 PM	"	1.0	
16	8:20 AM	"	0.8	
17	7:30	"	1.0	
18	7:40	"	1.2	
19	8:10	Pump House	1.5	
20	7:20	Club House	0.9	
21	7:40	"	1.0	
22	8:10	"	1.0	
23	7:40	"	1.2	
24	6:50 AM	"	1.5	
25	7:20	"	0.8	
26	8:10	"	1.2	
27	8:20	"	1.2	
28	7:50	Pump House	1.0	
29	8:20	Club House	1.2	
30	7:30	"	0.8	
31	7:40	"	1.2	

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: **LEE FANG CHUNG** Title: **owner** Operator Certification #: _____
 Signature: **Fang Chung** Phone #: **(541) 707 0914** OR
 Date: **02/05/2024** Small Groundwater System