

**Monthly Disinfection Report for Ground Water Systems**

System Name **Smith River Marina**

PWSID# **41 92133**

Month/Year **02/20<sup>24</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	6:30	club House	1.0	
2	6:40	"	1.5	
3	7:10	"	0.8	
4	6:30	"	1.0	
5	6:40	"	1.5	
6	7:10	"	1.0	
7	6:20	"	1.5	Change Filter
8	7:10	pump House	1.0	
9	7:10	"	1.5	
10	6:30	club House	1.5	
11	6:40	"	1.0	
12	7:10	"	1.5	
13	7:20	pump House	1.0	
14	7:10	"	1.5	
15	6:40	pump House	1.0	
16	7:20	"	1.5	
17	7:20	pump House	1.0	
18	6:16	club House	1.0	
19	6:40	"	0.8	
20	6:30	"	1.5	
21	6:25	"	1.0	
22	8:20	site 1	1.5	
23	6:30	club House	1.0	
24	7:10	"	1.5	
25	7:20	"	1.5	
26	6:30	club House	1.5	
27	6:15	"	1.0	
28	6:20	Mobile Home	1.0	
29	7:20	club House	1.0	
30				
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.

**GWS Serving 3,300 or Fewer**  
 If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?  Yes  No  
 Attach those results and submit them with this form.

**GWS Serving More Than 3,300**  
 Did continuous monitoring equipment fail at any time this reporting month?  Yes  No  
 If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  Yes  No  
 Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /  
 Date it was returned to service: / /

Printed Name: **LEE, FANG CHUNG** Title: **owner**  
 Signature: *[Signature]* Phone #: **(541) 707 0914**  
 Date: **03/07/2024**

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