

System Name Smith River Marina

PWS ID# 41 92133

Month/Year MAR 1 2024 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				
2				
3				
4	10 AM	Maint. House	1.5 ppm	Flush - check chlorinator
5	9:15 AM	Lee's House	1.5 ppm	Add chlorine (4 gallons)
6	9:35	outside hose bib	1.5 ppm	
7	9:15	Lee's	1.5 ppm	
8	9:15	Maint House	1.5 ppm	
9				
10				
11	9:15	Pump House	1.5 ppm	Flush - Add chlorine
12	9:30	Pump House	1.5 ppm	
13	9:45	Pump House	1.2 ppm	fill chlorine (8 gallon)
14	9:00	Maint House	1.5 ppm	Test and check Chlorinator
15	9:15	Pump House	1.4 ppm	
16	11:45	Pump House	2 ppm	
17	3:30	Pump House	1.5 ppm	
18	9:30	Pump House	1.5 ppm	
19	10:00	Pump House	1.4 ppm	
20	9:45	Pump House	1.5 ppm	
21	9:30	Pump House	1.5 ppm	
22	10:00	Maint House	1.5 ppm	
23	6:30 AM	PUMP HOUSE	1.5	
24	7:20	"	1.5 AM	
25	8:30	"	1.5 AM	
26	6:30 AM	PUMP HOUSE	1.0 AM	
27	7:20	PUMP HOUSE	1.5	
28	6:30	"	1.0	
29	7:20	"	1.5	
30	8:20	Site 1	0.8	
31	6:20	PUMP HOUSE	1.5	

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, T.C.
 Signature: [Handwritten Signature]
 Date: 4/10/2024

Title: Owner
 Phone #: (541) 707-0914

Operator Certification #:

OR

Small Groundwater System