

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWSID# **41 92133**

Month/Year **06 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	6:30 AM	Club House	1.0	
2	6:20	"	0.8	
3	7:10		1.2	
4	6:30		1.0	
5	6:30		1.0	
6	6:30		0.8	
7	7:20		1.2	
8	8:10		0.8	
9	6:30		1.0	
10	6:20		1.0	
11	6:30		1.0	
12	7:10		0.8	
13	7:10		0.6	
14	7:20		1.2	
15	6:30		1.2	
16	6:30		1.0	
17	6:20		0.8	
18	6:10		1.0	
19	5:20		1.0	
20	8:20	Spill #1	1.2	
21	6:30	Club House	1.0	
22	7:20	Pump House	0.8	
23	10:20	Spill #14	1.2	
24	6:30	Club House	1.2	
25	6:20	"	1.5	
26	6:10	"	1.0	
27	5:30	"	1.2	
28	6:30	"	1.0	
29	6:40		1.0	
30	7:20	Club House		
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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>
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Printed Name: **LEE, FANG CHUNG** Title: **Owner**
 Signature: *Fang Chung Lee* Phone #: **(541) 707 0914**
 Date: **07/02/2024**

Operator Certification #: _____
 OR
 Small Groundwater System