

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWSID# **41 92133**

Month/Year **07/2024** 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	PUMP House	1.0	
2	6:30	"	1.2	
3	6:30	PUMP House	1.0	
4	6:30	Club House	1.2	
5	7:10	Club House	1.0	
6	6:30	Club House	1.0	
7	6:30	PUMP House	1.2	
8	6:10	PUMP House	1.0	
9	6:30	Club House	1.2	
10	7:10	Club House	1.0	
11	7:20	"	1.0	
12	6:30	"	1.0	
13	6:30	PUMP House	1.0	
14	6:30	Club House	1.0	
15	7:20	"	1.1	
16	6:10	"	0.8	
17	6:30	"	1.0	
18	6:30	Site 14	1.0	
19	6:30	PUMP House	1.2	
20	6:10	Club House	1.0	
21	6:30	"	1.0	
22	6:10	"	1.0	
23	6:20	"	1.2	
24	6:20	PUMP House	1.0	
25	7:10	Club House	1.0	
26	6:20	"	1.0	
27	7:10	"	1.0	
28	6:30	"	1.0	
29	7:10	"	1.2	
30	7:20	"	1.0	
31	8:30	PUMP House	1.0	

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**
 Signature: *Fang Chung Lee* Phone #: **(540) 707-0914**
 Date: **08/02/2024**

Operator Certification #: _____
 OR
 Small Groundwater System