

Monthly Disinfection Report for Ground Water Systems

System Name Smith River Marina

PWSID# 41 92133

Month/Year 8 124 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	6:20	"	1.0	
3	6:40	"	1.5	
4	6:30	"	1.0	
5	7:10	Pump House	1.0	
6	6:30	"	1.2	
7	6:10	Club House	1.0	
8	6:20	"		
9	6:10	"	1.10	
10	6:30	"	1.00	
11	7:10	"	1.0	
12	7:10	"	1.0	
13	6:30	"	1.5	
14	6:20	"	1.2	
15	6:30	"	1.0	
16	6:40	Pump House	1.0	
17	6:30	Club House	1.2	
18	6:30	"	1.0	
19	6:20		1.0	
20	6:30		0.8	
21	7:10		1.3	
22	6:30		1.0	
23	6:20		1.0	
24	6:30		1.2	
25	6:20		1.0	
26	6:30		1.2	
27	7:10		1.2	
28	6:30		1.0	
29	6:30		1.0	
30	6:20		1.0	
31	6:30		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: [Signature] Phone #: (541) 707-0914
 Date: 09/07/2024

Operator Certification #: _____
 OR
 Small Groundwater System