

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWSJD# **41 92133**

Month/Year **11 12 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	6:40	"	1.0	
3	7:10	"	1.2	
4	6:30	"	1.0	
5	7:20	SPACE 14	0.8	
6	6:40	Club House	1.0	
7	7:10	"	1.0	
8	6:30	"	0.5	
9	7:10	"	1.2	
10	6:30	"	1.0	
11	6:40	"	1.0	
12	7:20	"	1.0	
13	7:20	"	1.10	Add Chlorine
14	7:10	PUMP House	1.2	
15	6:40	Club House	1.0	
16	7:10	"	1.0	
17	6:30	"	1.0	
18	6:40	"	1.0	
19	7:10	"	1.0	
20	6:40	"	1.2	
21	7:10	"	1.0	
22	7:50	PUMP House	1.2	
23	7:10	"	1.2	
24	7:20	Club House	1.0	
25	7:30	"	1.0	
26	7:20	"	1.0	
27	6:40	"	1.0	
28	7:10	"	1.2	
29	6:40	"	1.0	
30	7:20	"	1.0	
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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 CITUN** Title: **OWNER**
 Signature: *[Handwritten Signature]* Phone #: **(541) 707 0914**
 Date: **12/10/2024**

Operator Certification #: _____
 OR
 Small Groundwater System