

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWSJDF 41 92133

Month/Year **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	Pump House	1.0	
2	7:20	Club House	1.0	
3	6:40	"	1.2	
4	6:30	"	1.0	
5	6:30	"	0.8	
6	6:40	"	1.0	
7	6:30	"	1.0	
8	7:20	Club House	1.2	
9	6:30	"	0.8	
10	6:40	"	1.0	
11	7:10	"	1.0	
12	6:20	"	1.0	
13	6:30 AM	"	1.0	
14	6:40	"	1.2	
15	6:20	Pump House	0.8	Add Chlorine
16	7:20	Club House	1.0	
17	6:40	"	1.0	
18	7:10	"	1.0	
19	6:30	"	1.5	
20	6:20	"	1.2	
21	6:40	"	1.0	
22	7:20	"	1.0	
23	7:20	"	1.0	
24	7:20	"	1.0	
25	6:30	"	1.2	
26	6:40	"	1.0	
27	6:30	"	1.0	
28	6:50	"	1.2	
29	7:30	"	1.0	
30	7:10	"	1.0	
31	6:40	"	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: _____	Title: _____	Operator Certification #: _____ OR Small Groundwater System <input checked="" type="checkbox"/>
Signature: _____	Phone #: () _____	
Date: 1 / 1		