Monthly Disinfection Report for Ground Water Systems

System Name Smith River Marina Month/Year 0 5 1202 Entry Po			PWS.JD# 41 92133 oint: 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	
f	b: 30	Club House	0.8		
2	6:40	1/	1.0		
3	7110		10		
4	6:30	Janot Jung	10		
5	7:10	- Club House	1 1 2		
5	6:50	. (/	100		
	7:10	1/	1,0		
	2.50	- 1/	1.0		
0	6:30	1/-	1	· · · · · · · · · · · · · · · · · · ·	
1	6:40	DUMP House	10.8		
2	6.50	1/	1,2		
3	7110	11	1 0		
1	6.40	Club House	1.0	and Million	
	7:10	1114.	1.0		
3	7:20	. 11	112		
	4:30	- 11	0.8		
3	8.20	1/	100.		
1	8:10		1.0		
1	8:20		1 10		
	7120	Clib House	100		
_	6:30	11.	112		
	V /	1/	1 102		
+	6:40	pump House	1 1:0		
+	7110	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.8		
+	010	Chit House	1.0		
1	8170		1.0		
1	7:20	11	1.0		
+	7:20	11	1 112	1 . 1	
+	1, 30		08	Ad Chlorine	
s, who	at was the lo	ual ever less than the required minim ngest time period until the required le business day.	The second secon	Yes No If > 4 hours. Drinking Water Program to b	
s, did the re equire	you monitor esidual return et? Ye	reporting more section in the month of submit them with required?	GWS Serving Mass monitoring equipment fail at an oth? Yes No No rab samples collected every four omitoring equipment was returned Yes No	Date continuous monitor equipment failed: / hours until the document is was returned to service:	
d Nan	T.	OL.	te borner	Operator Certification #:	
ure:	13	PI PI	none #: (544)	OR	
06	VA L				