

Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWSID# **41 92133**

Month/Year **06/2025** 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	6:40 AM	Club House	1.2	
2	6:20	"	1.0	
3	7:10	Pump House	1.0	
4	6:20	"	1.0	
5	6:30	"	1.1	
6	7:10	"	1.0	
7	7:10	"	1.0	
8	6:40	Club House	1.0	
9	6:30	Pump House	1.0	
10	7:10	"	1.2	
11	6:10 AM	Pump House	1.0	
12	7:20 AM	"	1.0	
13	7:30 PM	"	1.0	
14	6:40 AM	"	1.2	
15	6:30	Club House	1.0	
16	7:10	"	1.0	
17	6:20	Club House	1.0	
18	6:40	"	1.0	
19	7:10	"	1.0	
20	7:20	"	0.8	
21	6:40	"	1.0	
22	6:30	"	1.0	
23	6:20	"	1.0	
24	6:40	"	1.0	
25	7:20	"	0.8	
26	6:40	"	1.2	
27	6:40	"	1.2	
28	6:20	"	1.4	
29	7:10	"	1.2	
30	6:40	"	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.**

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to **mg/L** as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

Date it was returned to service:

Printed Name: **LEE, FANG CITUNG** Title: **OWNER**

Signature: **Fang Citung Lee** Phone #: **(541)**

Date: **07/09/2025**

707 0914

Operator Certification #:

OR

Small Groundwater System ☒

December 19, 2012