

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name

Smith River Marina

PWS ID# 4192133

Month/Year

10/25

Entry Point:

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	7:20	Site 6	0.8	P-H 6.5
2	8:25	11	0.8	P-H 6.0
3	11:25	11	0.9	P-H 6.2
4	9:09	11	0.9	P-H 6.5
5	8:09	11	0.9	P-H 6.2
6	8:52	11	1.0	P-H 6.2 / Change setting on carbon filter
7	7:36	11	1.3	P-H 6.5
8	10:52	11	1.7	P-H 6.5
9	9:08	11	1.9	P-H 6.7
10	9:07	11	1.6	P-H 6.5
11	8:25	11	1.5	P-H 6.5
12	8:45	11	0.9	P-H 6.0
13	8:56	11	0.9	P-H 6.0
14	11:25	11	0.9	P-H 6.0
15	8:41	11	1.1	P-H 6.0
16	10:32	11	0.8	P-H 6.3
17	12:53pm	11	0.0	P-H 6.0
18	7:42AM	11	0.9	P-H 5.5
19	8:12AM	11	1.1	P-H 6.0
20	8:25AM	11	1.1	P-H 6.2
21	9:02	11	1.3	P-H 6.0
22	10:09	11	1.1	P-H 5.8
23	7:02	11	1.1	P-H 5.7
24	8:29AM	11	1.2	P-H 5.4
25	9:46AM	11	1.5	P-H 5.3
26	8:28	11	1.7	P-H 5.5
27	8:19	11	1.6	P-H 5.6
28	1:22PM	11	1.8	P-H 5.9
29	8:11	11	1.2	P-H 6.1
30	8:30	11	1.3	P-H 6.0
31	8:19	11	1.1	P-H 6.0

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?
notified by end of next business day.

hours - If > 4 hours, Drinking Water Program to be

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

Date continuous monitoring equipment failed:

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

Date it was returned to service:

Attach grab sample results and submit them with this form.

Printed Name: Austin Weisler

Title: Owner

Operator Certification #:

Signature: Austin Weisler

Phone #: (725) 999-8451

OR

Date: 1/1

Small Groundwater System

Return by 10th of following month by either email dwp.dmce@odhsoha.oregon.gov; fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.