

**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	"	0.8	P.H. 6.0
3	11:25	"	0.9	P.H. 6.2
4	9:09	"	0.9	P.H. 6.5
5	8:09	"	0.9	P.H. 6.2
6	8:52	"	1.0	P.H. 6.2 / Change setting on carbon filter
7	7:36	"	1.3	P.H. 6.5
8	10:52	"	1.7	P.H. 6.5
9	9:08	"	1.9	P.H. 6.7
10	9:07	"	1.6	P.H. 6.5
11	8:25	"	1.5	
12	8:45	"	0.9	
13	8:56	"	0.9	
14	11:25	"	0.9	
15	8:41	"	1.1	
16	10:32	"	0.8	
17	12:53pm	"	1.0	
18	7:42Am	"	0.9	
19	8:12Am	"	1.1	
20	8:25Am	"	1.1	
21	9:02	"	1.3	
22	10:09	"	1.1	
23	7:02	"	1.1	
24	8:24Am	"	1.2	
25	9:46Am	"	1.5	
26	8:28	"	1.7	
27	8:19	"	1.6	
28	1:22Am	"	1.8	
29	8:11	"	1.2	
30	8:30	"	1.3	
31	8:19	"	1.1	

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

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: Austin Weisler

Title: owner

Operator Certification #:

Signature: Austin Weisler

Phone #: (725) 999-8451

OR

Date: 1 / 1

Small Groundwater System ☒

Return by 10<sup>th</sup> of following month by either email [dwg.dnce@odhsoha.oregon.gov](mailto:dwg.dnce@odhsoha.oregon.gov); fax 971-673-0458; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.