

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

System Name Smith River Marina PWS ID# 4192133
 Month/Year / 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	7:21	site 6	0.9	
2	8:42	11	0.9	
3	7:18	11	0.8	
4	6:45	11	0.9	
5	7:24	11	0.7	
6	7:14	11	0.9	
7	7:11	11	1.1	
8	9:42	11	1.0	
9	10:15	11	1.0	
10	7:02	11	0.9	
11	9:45	11	0.8	
12	8:22	11	0.8	
13	8:21	11	0.8	
14	8:15	11	0.9	
15	8:29	11	0.9	
16	8:08	11	0.9	
17	9:45	11	0.9	
18	11:22	11	0.8	
19	11:45	11	0.9	
20	7:18	11	0.9	
21	7:07	11	0.9	
22	8:02	11	0.8	
23	8:09	11	0.9	
24	10:22	11	1.0	
25	7:15	11	0.9	
26	7:14	11	0.8	
27	7:18	11	1.0	
28	6:35	11	0.8	
29	9:32	11	0.8	
30	9:18	11	0.8	
31				

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 <u> </u> 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: <u> </u> / <u> </u> / <u> </u></p> <p>Date it was returned to service: <u> </u> / <u> </u> / <u> </u></p>
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Printed Name: Austin Weisler Title: owner Operator Certification #:
 Signature: [Signature] Phone #: (725) 999-8451 OR
 Date: 11 / 30 / 25 Small Groundwater System

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