

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

System Name Smith River Marina PWS ID# 41 92133
 Month/Year 12 / 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	7:15 AM	side 6	0.8	
2	7:11	ll	0.9	
3	7:07	ll	1.0	
4	7:24	ll	1.1	
5	7:14	ll	1.1	
6	7:15	ll	1.0	
7	7:14	ll	0.9	
8	8:49	ll	0.9	
9	9:12	ll	0.8	
10	10:54	ll	0.9	
11	11:11	Pump house spike	0.9	water turned off to lower park
12	9:13	ll	1.0	
13	9:18	ll	1.1	
14	9:24	ll	1.1	
15	9:23	ll	1.1	
16	9:11	ll	1.0	
17	9:18	ll	1.0	
18	10:28	ll	0.9	
19	10:59	ll	1.1	
20	8:22	ll	1.2	
21	8:15	ll	1.1	
22	7:17	ll	1.2	
23	7:48	ll	1.0	
24	6:38	ll	1.1	
25	7:02	ll	1.2	
26	7:13	ll	1.1	
27	7:11	ll	1.2	
28	7:18	ll	1.2	
29	8:21	ll	1.2	
30	8:14	ll	1.2	
31	8:11	ll	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? _____ 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 _____ 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 align="center">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: / /</p> <p>Date it was returned to service: / /</p>

Printed Name: Austin Weister Title: owner Operator Certification #: _____
 Signature: [Signature] Phone #: (725) 999-8051 OR
 Date: 12/31/25 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.