

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

System Name Smith River Marina

PWS ID# 41 92133

Month/Year 2 126 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	8:02 AM	Pump house spicket	1.1	
2	7:45		1.0	
3	7:41		0.9	
4	8:11		1.0	
5	7:38		1.1	
6	6:58		1.0	
7	7:15		1.1	
8	8:21		1.0	
9	8:45		1.0	
10	11:45		0.9	
11	8:15		1.1	
12	8:09		1.1	
13	7:18		1.2	
14	8:15		1.0	
15	9:02		1.2	
16	8:45		1.0	
17	7:15		1.1	
18	6:15		1.0	
19	6:28		0.9	
20	7:08		1.0	
21	7:14		1.0	
22	7:24		1.0	
23	7:11		1.1	
24	8:25		1.0	
25	8:44		1.1	
26	9:02		1.1	
27	9:08		1.0	
28	11:45		1.1	
29				
30				
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 _____ 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: / /</p> <p>Date it was returned to service: / /</p>
--	---	---

Printed Name: Austin Weister Title: OWNER Operator Certification #: _____
 Signature: [Signature] Phone #: (725) 699-849 OR
 Date: 2 128 2026 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.