

## Monthly Disinfection Report for Ground Water Systems

System Name **Smith River Marina**

PWS ID# **41 92133**

Month/Year **9 12**

Entry Point: **Post Reservoir /to RV**

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	10 am	TISA	0.8	Chlorinator on 7
2	2 pm		1.4	
3	2 pm		0.8	
4	1 pm		0.5	General maintenance
5	3 pm		0.8	
6	5 pm		1.4	Turn to 5
7	4 pm		0.4	Turn to 6
8	5 pm		0.8	"4"
9	10 am		0.6	Back to 5
10	2 pm		0.6	
11	3 pm		0.8	
12	10 am		0.8	
13	9 am		0.6	
14	2 pm		0.6	Break in line *fixed
15	2 pm		0.4	Turn chlorinator to 6
16	2 pm		0.8	
17	11 am		1.2	Turn chlorinator to 6
18	11 am		0.8	
19	10		0.6	
20	10		0.4	
21	11 am		0.4	Turn chlorinator to 7
22	10 am		0.8	
23	10 am		1.0	
24	8 pm		1.2	
25	6 pm		0.8 +	
26	10 am		0.4	Added 4 gallons of chlorine to chlo
27	10 am		0.6	
28	12 pm		0.8	
29	12 pm		0.8	Turn chlorinator to 6
30	10 pm		0.8	
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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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input 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>
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Printed Name: \_\_\_\_\_ Title: **Manager** Operator Certification #: \_\_\_\_\_  
 Signature: Phone #: **(541) 271-0656** OR  
 Date: **10/02/21** Small Groundwater System