Wonthly Disinfection Report for Ground Water Systems

System	Name	Smith River Marina			PWS ID# 41	92133
Month/	Year	/ Entry I	Point: Post Res	ervoir /to RV	Required Minimum	
Date	Time	Source(s		Lowest free chloring residual at entry point distribution system (m	ne nt to	Notes
1	10 m	Di stribution		0.6	37	
2	5 pa			12.4	11111	11 11 11
3	5 pa			0.4	400 1 9	ulloss of chiloty
4	100			0.4	moustch	lonintoin to I
5	9/20			0.6	FIORTON	WILINGOICTS 7
6	10/10			10		:
7	8 cm			1.7	Move t	1/10/0
8	43			0.4.	Move -	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
9	upn		•	0.8	Added	01) 0166
10	1160			0.4	Hotel 2	garrons of Child. The
11	2 cm			0.6		
12	700			0.6	Moure	416
13	11 0			6.8		10
14	Tps	47.		0,0	Moved	to 1
15	900		•	0.6		
16 17	11 00			06		
18	4 4			6-6		
19	7 to			0.4	-	
20	11 4			0.1	mare +	0 6
21	11/62		-	0.0	1111	2 1/ 66/
22	7 km			0.6	Madel,	Staves Chlorin
23	900			0.6		2 8
24	Bon			0.6		
25	9 60			0.4	Nac 8.5	hasten of a
26	900			0.6	Room s	nells like Cher
27	10 an			0.6		
28	400			0.4	Chloria	tok to 16
29	8n			0.6	Chlore	4 15
30	700			0.8	Chlore	ctul to 8.5
31	10 mg			0.8		1 1 1 1 1 1 1 1 1
		dual ever less than the				
If yes, wi notified b	hat was the lo by end of nex	ongest time period un t business day.	til the required leve	I was restored? ho	ours – If \geq 4 hours, D	rinking Water Program to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300						
		every four hours	Did continuous n	nonitoring equipment fail a		Date continuous monitoring
until the r	esidual returi	ned to mg/L	reporting month? Yes No		at any amo ano	equipment failed:
as required? Yes No If yes, were grab samples collected every four hours until the						1 1
Attach tho his form.		nd submit them with		toring equipment was retu		Date it was returned to service:
ino torrir.			Attach grab sample results and submit them with th		em with this form.	/ /
rinted Name: Mityle Endens Title: Manages Operator Certification #:						
gnature: MAN Phone #: (54/) 211-0656 OR						
10. //	1001	9			Small G	roundwater System 🔲

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December 19, 2012