monthly Disinfection Report for Ground Water Systems

System	m Name	Smith River Marina			PWSI	D# 41 92133	3
Month	Wear 10	122 Entry Po	int Post Res	ervoir /to RV	Require	ed Minimum Res	idual 0.5 mg/L
Date	Time	Source(s)	in use	Lowest free chi residual at entry distribution system	point to		Notes
Î	18 Am	Pump 454		10		Chlox 8	12 Reg 45
2	19Am	Pimo Hore		1.2		Char 8	1/2 Prec 45
3	1845An	Fump HSE		1.2		Chiar 8	12 Been 45
4	19.15Am	Pump Hse		1.0		Cher 8	12 Recy 45
0	17:SOM	Pranie HSX		1.0		CHOX 8	12 Degy5
7	B:00 AN	Pump 458		0.8		Chlor 8	1/2 Reg 43
0	18,45mm	Puntse		0.8		Chlor 8	1/2 Pregy5
0	TAM	Pum HSR		1.0	7	Chlor	317 1362 12
10	1.45km	Yum HSP	-	0.8		Chlor	012 Kegy5
11	19.13/19	Pum HSE		0.8		Chlos	819 145012
12	10HM	Zom HST		0.8		Chloc	old megus
13	7-90Am	TUM HST		1.0		Chor	8 12 12 egus
14	00.12 AM	PUM HSC	,	1.0		Chlor	8/2 Kregus
15	045/Am	Yum 1458		1.0		Chlor	87/2 Broyy
16	ana	Pum HSP		1.0		Chlor	775 K-2945
17	IN'H H	5. 15		1.0		Chox 8	12 DxC 115
18	FILL	D. M. TOO		1.0		Chlore	1/2 12 20 11 5
19	0:21 M	TUM FOR	-	0.0		i nior 8	100000
0	COLO MM	rum 175C		0.8		Chlor 0	01/200115
11	11 Aug	Pun 1454	-	0.8		hox	11100000
2	a'sic Au	Dum Her		0.0		Chlor	112 Degilds
2	QICA.	Pom 115	,	1 0.0		Chlor 0	11/2000 116
A	7 OCH	Dun HC	9 -	10.0		Chierc	18 10 CUS
5	4 45 DAM	0. WHS 4		1.0.		Chich	8-12-00 HG
6	CI-RIA.	Pom 107		1.0		Chlor	Ofanken 1)
7	O'CHWI	TON HOT	9	1.0		CNION	0/2/1/20
8	0: 214 A	Jun 172	9	1 0		LONDA	211-2 12 20115
9	O. L.	Trom Hop		1		Chines	2/1/2011
	9 km	TUM 160		1 . 0		Lanord	811/200
	B:SOAM	75m1756		1.0		Chice	9/1/20947
				10.8		1 hor	012 meg 45
		dual ever less than the				Yes No	
es, while the second se	hat was the k	ongest time period until t business day.	I the required lev	vel was restored?	hours	- If > 4 hours, Dr	inking Water Program to be
WS	Serving 3	,300 or Fewer		GWS S	Serving N	lore Than 3,3	00
es. did	d you monitor	r every four hours	Did continuous	s monitoring equipm	ent fail at a	ny time this	Date continuous monitorin
	residual retur			th? Yes No			equipment failed:
equire						r hours until the	
ach those results and submit them with			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as				
form.			required? Yes No			Selvice:	
Will.				ample results and su		with this form.	1 1
ed No	me Mist	y miller		le: maneger		-	or Certification #:
		Miller				Operator Certaincation #. OR	
WILLIAM .	4	111100	Phone #: (541)361-S093				
	1311						Froundwater System