

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

System Name	Neahkahnie Water District	PWS ID#	4 1 00506
Month/Year	/	Entry Point: WTP-B (Hyd. #66)	Required Minimum Residual 0.4 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1		Spring's 1-3 + Pirates spr	0.42	
2			0.59	
3			0.53	
4			0.48	
5			0.56	
6			0.59	
7			0.64	
8			0.70	
9			0.70	
10			0.68	
11			0.66	
12			0.61	
13			0.63	
14			0.69	
15			0.66	
16			0.59	
17			0.59	
18			0.59	
19			0.54	
20			0.52	
21			0.51	
22			0.54	
23			0.50	
24			0.54	
25			0.45	
26			0.61	
27			0.62	
28			0.59	
29			0.56	
30			0.59	
31				

Was the chlorine residual ever less than the required minimum residual of 0.40 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 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: Scott A Morrill	Title: System Oper + DRC	Operator Certification #: J-09278
Signature: <i>Scott A Morrill</i>	Phone #: (503) 804-4649	OR D-09279
Date: 08/31/2021		Small Groundwater System <input type="checkbox"/>