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

Systen	n Name	Neahkahnie Wa	ter District		PWS ID# 4 1 00506		
Month/	10ai 03	12022 Ent	ry Point: WTP-B	(Hyd.#66)	Required Minimur	m Residual 0.4 mg/L	
Date	Time	Sourc	e(s) in use	Lowest free chlorine residual at entry point distribution system (mg	to	Notes	
11		Spis 1-3+	Pirates spr.	0,53			
2			· · · · · · · · · · · · · · · · · · ·	0.54			
3 4				0.52			
5				0.50			
6				0.49			
7				0.49			
8				0.65			
9				0.52			
10				0.54			
11 12				0.58			
13				0,52			
14				0,54			
15				0.58			
16				0.54			
17				0.50			
18				0.49			
19				0.52			
20				0.47			
22				0.52			
23			/	0.45			
24		/		0.44			
25				0.45			
26				0.45			
27				0.48			
28				0.47			
30							
31				management to the Control of the Con			
Was the chlorine residual ever less than the required minimum residual of ⊘. 42mg/L? ☐ Yes ☒ No							
If yes, what was the longest time period until the required level was restored? notified by end of next business day. hours - If > 4 hours, Drinking Water Program to be							
GWS Serving 3,300 or Fewer			GWS Serving More Than 3,300				
If yes, did you monitor every four hours until the residual returned to mg/L				Did continuous monitoring equipment fail at any time this reporting month? Tyes No		Date continuous monitoring equipment failed:	
as required? Yes No Attach those results and submit them with this form.				If yes, were grab samples collected every four hours until to continuous monitoring equipment was returned to service a required? Yes No		/ / Date it was returned to service:	
			Attach grab san	Attach grab sample results and submit them with		1 1	
rinted Name: Seatt A. Morrill			Title:	Title: DRC-System Oper.		Operator Certification #: 7-09278	
Signature: Leaff a Mac (1983) 804-4649						OR DEGREE	
ate: 07 78 2022 Small Groundwater System							