

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 March 1 2022 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		<u>Spr. 5 1-3 & Pirates spr.</u>	<u>0.49</u>	
2			<u>0.48</u>	
3			<u>0.50</u>	
4			<u>0.51</u>	
5			<u>0.51</u>	
6			<u>0.48</u>	
7			<u>0.49</u>	
8			<u>0.49</u>	
9			<u>0.45</u>	
10			<u>0.51</u>	
11			<u>0.45</u>	
12			<u>0.46</u>	
13			<u>0.46</u>	
14			<u>0.46</u>	
15			<u>0.47</u>	
16			<u>0.45</u>	
17			<u>0.45</u>	
18			<u>0.43</u>	
19			<u>0.46</u>	
20			<u>0.44</u>	
21			<u>0.45</u>	
22			<u>0.44</u>	
23			<u>0.44</u>	
24			<u>0.50</u>	
25			<u>0.47</u>	
26			<u>0.46</u>	
27			<u>0.42</u>	
28			<u>0.48</u>	
29			<u>0.44</u>	
30			<u>0.42</u>	
31			<u>0.44</u>	

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><i>Attach those results and submit them with this form.</i></p>	<p>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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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<p>Printed Name: <u>Sgt H A. Morrill</u></p> <p>Signature: <u>Sgt H A. Morrill</u></p> <p>Date: <u>03/31/2022</u></p>	<p>Title: <u>DRC / System OP</u></p> <p>Phone #: <u>(503) 804-4649</u></p>	<p>Operator Certification #: <u>T-9278</u></p> <p>OR <u>D-9279</u></p> <p>Small Groundwater System <input type="checkbox"/></p>
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