

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 **July 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		Spr's 1-3 Spr's 1-3 + Pirates spr	0.53	
2			0.51	
3			0.51	
4			0.48	
5			0.50	
6			0.51	
7			0.56	
8			0.58	
9			0.53	
10			0.58	
11			0.57	
12			0.55	
13			0.54	
14			0.62	
15			0.57	
16			0.59	
17			0.48	
18			0.49	
19			0.47	
20			0.57	
21			0.61	
22			0.60	
23			0.54	
24			0.48	
25			0.55	
26			0.53	
27			0.51	
28			0.63	
29			0.66	
30			0.58	
31			0.53	

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 Merrill Signature: <i>Scott A Merrill</i> Date: 08 10 1 2022	Title: System Oper. DRC Phone #: (503) 804-4649	Operator Certification # F-09278 D-09279 OR Small Groundwater System <input type="checkbox"/>
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