

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 **10 12022** 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 | | <i>Spr's 1-3 + Pirates spr.</i> | <i>0.57</i> | |
| 2 | | | <i>0.63</i> | |
| 3 | | | <i>0.56</i> | |
| 4 | | | <i>0.48</i> | |
| 5 | | | <i>0.54</i> | |
| 6 | | | <i>0.54</i> | |
| 7 | | | <i>0.51</i> | |
| 8 | | | <i>0.51</i> | |
| 9 | | | <i>0.57</i> | |
| 10 | | | <i>0.59</i> | |
| 11 | | | <i>0.57</i> | |
| 12 | | | <i>0.55</i> | |
| 13 | | | <i>0.57</i> | |
| 14 | | | <i>0.54</i> | |
| 15 | | | <i>0.50</i> | |
| 16 | | | <i>0.59</i> | |
| 17 | | | <i>0.58</i> | |
| 18 | | | <i>0.54</i> | |
| 19 | | | <i>0.58</i> | |
| 20 | | | <i>0.56</i> | |
| 21 | | | <i>0.53</i> | |
| 22 | | | <i>0.55</i> | |
| 23 | | | <i>0.56</i> | |
| 24 | | | <i>0.57</i> | |
| 25 | | | <i>0.57</i> | |
| 26 | | | <i>0.57</i> | |
| 27 | | | <i>0.57</i> | |
| 28 | | | <i>0.56</i> | |
| 29 | | | <i>0.56</i> | |
| 30 | | | <i>0.55</i> | |
| 31 | | | <i>0.57</i> | |

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>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> |
|--|--|---|

| | | |
|---|---|--|
| Printed Name: <i>Scott A Merrill</i> Signature: <i>Scott A Merrill</i> Date: <i>10 13 12022</i> | Title: <i>DRC - System Oper</i> Phone #: <i>(503) 804-4649</i> | Operator Certification #: <i>T-09278</i> OR <i>D-09279</i> Small Groundwater System <input type="checkbox"/> |
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