

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 **Dec. 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		<i>Spr-3 + Pirates spr</i>	<i>0.53</i>	
2			<i>0.53</i>	
3			<i>0.51</i>	
4			<i>0.51</i>	
5			<i>0.52</i>	
6			<i>0.53</i>	
7			<i>0.54</i>	
8			<i>0.74</i>	
9			<i>0.71</i>	
10			<i>0.80</i>	
11			<i>0.67</i>	
12			<i>0.52</i>	
13			<i>0.51</i>	
14			<i>0.62</i>	
15			<i>0.51</i>	
16			<i>0.52</i>	
17			<i>0.51</i>	
18			<i>0.63</i>	
19			<i>0.62</i>	
20			<i>0.48</i>	
21			<i>0.49</i>	
22			<i>0.48</i>	
23			<i>0.54</i>	
24			<i>0.48</i>	
25			<i>0.61</i>	
26			<i>0.64</i>	
27			<i>0.63</i>	
28			<i>0.65</i>	
29			<i>0.62</i>	
30			<i>0.59</i>	
31			<i>0.59</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><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>

Printed Name: *Scott A. Morrill* Title: *DRC/system OP* Operator Certification #: *T-09278*
 Signature: *Scott A Morrill* Phone #: *(503) 804-4649* OR *D-09279*
 Date: *01/02/2023* Small Groundwater System