

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 **Jan 1223** 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		↓	0.60	
2			0.60	
3			0.54	
4			0.54	
5			0.55	
6			0.56	
7			0.55	
8			0.55	
9			0.57	
10			0.55	
11			0.54	
12			0.51	
13			0.54	
14			0.50	
15			0.57	
16			0.55	
17			0.57	
18			0.57	
19			0.57	
20			0.48	
21			0.46	
22			0.46	
23			0.48	
24			0.64	
25			0.63	
26			0.57	
27			0.46	
28			0.59	
29			0.47	
30			0.46	
31			0.57	

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: Scott A Merrill Title: DRC, System OP Operator Certification #: T-9278
 Signature: Scott A Merrill Phone #: (503) 204-4649 OR D-9279
 Date: 1/31/2023 Small Groundwater System