

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/2023** 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>	0.62	
2			0.62	
3			0.71	
4			0.75	
5			0.72	
6			0.44	
7			0.52	
8			0.83	
9			0.81	
10			0.78	
11			0.71	
12			0.56	
13			0.71	
14			0.73	
15			0.96	
16			0.60	
17			0.60	
18			0.42	
19			0.43	
20			0.43	
21			0.51	
22			0.57	
23			0.51	
24			0.48	
25			0.40	
26			0.77	
27			0.52	
28			0.52	
29			0.53	
30			0.63	
31			0.56	

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><b>GWS Serving 3,300 or Fewer</b></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><b>GWS Serving More Than 3,300</b></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: <b>Scott A. Morrill</b> Signature: <i>Scott A. Morrill</i> Date: <b>03/31/2023</b>	Title: <b>DRC/system OP</b> Phone #: <b>(503) 804.4649</b>	Operator Certification #: <b>T-09278</b> OR <b>D-09279</b> Small Groundwater System <input type="checkbox"/>
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