

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name **Neahkahnne Water District**

PWS ID# **4 1 00506**

Month/Year **07 12023** 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>0.50</i>	
2			<i>0.54</i>	
3			<i>0.53</i>	
4			<i>0.49</i>	
5			<i>0.42</i>	
6			<i>0.46</i>	
7			<i>0.53</i>	
8			<i>0.52</i>	
9			<i>0.51</i>	
10			<i>0.47</i>	
11			<i>0.54</i>	
12			<i>0.52</i>	
13			<i>0.47</i>	
14			<i>0.48</i>	
15			<i>0.49</i>	
16			<i>0.48</i>	
17			<i>0.44</i>	
18			<i>0.53</i>	
19			<i>0.59</i>	
20			<i>0.51</i>	
21			<i>0.48</i>	
22			<i>0.47</i>	
23			<i>0.44</i>	
24			<i>0.45</i>	
25			<i>0.51</i>	
26			<i>0.49</i>	
27			<i>0.48</i>	
28			<i>0.48</i>	
29			<i>0.52</i>	
30			<i>0.47</i>	
31			<i>0.40</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 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 align="center">/ /</p> <p>Date it was returned to service:</p> <p align="center">/ /</p>
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Printed Name: <i>Scott A Morrill</i> Signature: <i>Scott A Morrill</i> Date: <i>07/31/2023</i>	Title: <i>DRC-System OP</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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