

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 1 2024** 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		spr's 1-3 + Pirates spr.	0.51	
2			0.55	
3			0.55	
4			0.55	
5			0.55	
6			0.51	
7			0.48	
8			0.54	
9			0.51	
10			0.57	
11			0.50	
12			0.54	
13			0.63	
14			0.60	
15			0.53	
16			0.47	
17			0.47	
18			0.50	
19			0.49	
20			0.51	
21			0.53	
22			0.52	
23			0.49	
24			0.50	
25			0.50	
26			0.54	
27			0.64	
28			0.65	
29			0.52	
30			0.44	
31			0.48	

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 Merrill</b> Signature: <i>Scott A Merrill</i> Date: <b>3 13 1 2024</b>	Title: <b>DRC / System OP</b> Phone #: <b>(503) 804-4619</b>	Operator Certification #: <b>T-09278</b> OR <b>D-09279</b> Small Groundwater System <input type="checkbox"/>
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