

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 **06 12024** 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.	0.61	
2			0.57	
3			0.52	
4			0.44	
5			0.43	
6			0.44	
7			0.46	
8			0.41	
9			0.42	
10			0.41	
11			0.45	
12			0.51	
13			0.52	
14			0.46	
15			0.43	
16			0.41	
17			0.44	
18			0.41	
19			0.40	
20			0.44	
21			0.44	
22			0.44	
23			0.40	
24			0.40	
25			0.44	
26			0.44	
27			0.54	
28			0.54	
29			0.56	
30			0.53	
31				

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>
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Printed Name: <u>Scott A Morrill</u> Signature: <u>Scott A Morrill</u> Date: <u>0710212024</u>	Title: <u>DRC/System OP</u> Phone #: <u>(503) 804-4649</u>	Operator Certification #: <u>T-09278</u> OR <u>D-09279</u> Small Groundwater System <input type="checkbox"/>
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