

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

System Name **Neahkahnie Water District**

PWS ID# **41 00506**

Month/Year **10 12024** Entry Point: **WTP-B (Fyd.#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.'	0.64	
2			0.62	
3			0.60	
4			0.50	
5			0.49	
6			0.57	
7			0.57	
8			0.63	
9			0.64	
10			0.65	
11			0.74	
12			0.72	
13			0.61	
14			0.50	
15			0.47	
16			0.59	
17			0.62	
18			0.61	
19			0.63	
20			0.69	
21			0.65	
22			0.72	
23			0.40	
24			0.43	
25			0.45	
26			0.55	
27			0.54	
28			0.49	
29			0.45	
30			0.44	
31			0.45	

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 style="text-align: center;"><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>
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Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Scott A. Maricelli Title: DRC Sys OP Operator Certification #: T-09278  
 Signature: Scott A. Maricelli Phone #: (503) 804 4649 OR D-09279  
 Date: 10/31/2024 Small Groundwater System