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

System	Name	Neahkahnie Water	District		PWS ID# 41	00506	
Month/Y	ear Dec	c. / 2024 Entry	Point: WTP-B	(Fyd.#66)	Required Minim	um Residual 0.4 mg/L	
Date	Time	Source(s	s) in use	Lowest free chlor residual at entry po distribution system (int to	Notes	
1		Springs 1-3.	Pirate Soc.	0.45			
2		, 0		6.44		Process of the state of the second of the se	
3				0.48			
5				0.51			
6	***************************************		T come à coront d depart proprié sub describures d'un describures de la subsequence de la come de l	0.52			
7			or for the same to	0.52			
8	***************************************			0.4B			
9			,	0.42			
10		And a second		0.46			
11				0.54			
12				0.47	the make the despected program analysis to the state of t		
13				6.56			
14				6.45			
15 16		The state of the s	STATE OF THE STATE	0.46			
17				0.50	Annual Management and the Annual of the St.		
18				0.52	version and the same and the sa		
19				0.54			
20	-			0.57			
21	-			0.50			
22			***	0.47			
23	***************************************	CONTRACTOR OF THE CONTRACTOR O		0.49		e al 1 d al have describe describe de grandos de la colonia de la coloni	
24				0.54		T to an information of the state of the stat	
25				6.54	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE THE PROPERTY OF THE PROPERTY AND A SECOND OF THE PROPERTY	
26				6.49			
27		CHARLES THE RESIDENCE OF THE SEA OF THE RESIDENCE OF THE PROPERTY OF THE PROPE		0.55			
28		Market Mark St. 1914 5 15 republication and all the company of the		6.49			
30				0.47	THE RESIDENCE OF THE PARTY OF T		
31				0.48 0.47			
	loring regid	ual over loss than the		residual of 0.40 ng/L?			
f yes, what	t was the lo	ngest time period unt business day.			7	Orinking Water Program to be	
GWS S	erving 3.	300 or Fewer		GWS Servin	g More Than 3,	300	
f yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No Attach those results and submit them with his form.			Did continuous monitoring equipment fail at a reporting month? Yes No			Date continuous monitoring equipment failed:	
			If yes, were grab samples collected every for continuous monitoring equipment was return required?		four hours until the	/ / /	
					irned to service as	Date it was returned to service:	
			Attach grab sample results and submit them		m with this form.	/ /	
nted Name	Sigth	A Morrill	Operato	r Certification #: 7-89274			
gnature: Autil Morrill Phone #: (503)804-4649 Operator Certification #: 7-891							
e: 12/3/ 12024					-	Small Groundwater System	