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

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System	n Name	Neahkahnie Water	District		PWS	ID# 41	00506	
Month/	Year	12025 Entry	Point: WTP-B	(Fyd.#66)	Requi	red Minimu	ım Residual 0.4	1 mg/L
Date	Time	Source(s) in use		Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes		
1		5pr. #1-3 3	Pirates	0.51				
2	******************************	1		3.49				
3			d terride process and rate and control to the second beautiful and the second to the s	0.47				***
4	**************************************			046				
5			THE PERSON SECTIONS IN A COLUMN 2 ASSESSED ASSESSED.	0.46				
6			T LONG & PERSON AS REPORTED PROPERTY AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRAT	0.50				
7	Secretarian Arrabana April 14 I para paragonal			050		In he thing bring better the contract of the c		
8				0.3		***		
. 9			I recognition and the supplementation of the	0.70				
10				0.40		***************************************		
11			***************************************	6/17			***************************************	·
12				046	Professional Actions of Contract Contra	and the second s	***************************************	
13				044				
14	***************************************	Andreas and the state of the st		0.48				
15				0.53				
16		The state of the first special control of the state of th	FIRST CO. II TO THE STORY OF TH	0.56		*	and the second s	
				0.55				
17				0.52		Walter and the same day of the same and the		
18			****	0.50				
19				0.46				
20				0.418				
21				0.50				
22				0.51				***************************************
23	******************************		_	0.440.50		1 11 4 700	a e a la lagración de lagración	
24	*****			6.49		***************************************		***************
25				0.48			The second secon	And the state of the second second
26				0.44			And the state of t	and the same of th
27				0.43			Commence of the Control of the Contr	
28				0.50			100 Marie 100 Ma	
29		The state of the s		548				
30				0.46			Address to a contract to the transfer address of the address and a	
31		V		0.46				-
Was the cl	hlorine resid	dual ever less than the	required minimum	residual of 40 mg/L?	ПУР	s No		
If yes, wha	at was the lo	ongest time period unt t business day.				7	rinking Water Proc	ıram to be
GWS S	Servina 3	,300 or Fewer		GWS Serving	a Mara	Than 2 3	100	
	-		Did oostinusus				I .	
f yes, did you monitor every four hours Intil the residual returned to mg/L Is required? Yes No			Did continuous monitoring equipment fail at a reporting month? Yes No			ne this	Date continuous requipment failed:	nonitoring
			If yes, were grab samples collected every four			rs until the	1 1	
Attach those results and submit them with			continuous monite	oring equipment was retu	irned to	service as	Date it was return	ed to
his form.			required? Yes No				service:	
		*	Attach grab samp	le results and submit the	m with th	nis form.	/ /	
nted Name: XI - / / /			Title: DRC		D		Certification #:	2177
gnature: _	lun	unce	Phone	#: (503) 739-234	8 2	011	8 OR 708	3177
ite: /	130 1	25				Small Gr	oundwater System	