

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

System Name: Neahkahnie Water District PWS ID# 41 00506
 Month/Year: 06/2021 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 + Pickets Sp.	0.59	
2			0.60	
3			0.62	
4			0.62	
5			0.57	
6			0.53	
7			0.52	
8			0.55	
9			0.47	
10			0.45	
11			0.45	
12			0.49	
13			0.44	
14			0.44	
15			0.45	
16			0.47	
17			0.47	
18			0.40	
19			0.45	
20			0.45	
21			0.45	
22			0.55	
23			0.53	
24			0.51	
25			0.50	
26			0.51	
27			0.57	
28			0.58	
29			0.61	
30			0.58	
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: Scott A. Morrill Title: DRC/System Op Operator Certification # J-09275
 Signature: Scott A. Morrill Phone #: 503.801.4649 OR D-09279
 Date: 6/30/2021 Small Groundwater System