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	12022 Entry	Point: WTP-B	(Hyd.#66)	Required Minim	um Residual 0.4 mg/L	
Date	Time	Source(,	Lowest free chloring residual at entry point distribution system (n	nt to	Notes	
1 Spr.'s 1-3 4 f			irates son	0.52			
			0,53				
3				0,50			
4			×	0.53			
5				0.52			
6				0.52		en and a second control of the second contro	
7				0.53			
8				0.54			
9				0.55			
10				0.52			
11				0.45			
12				0.48			
13				0,50			
14				0.53			
16				0.50			
17			\	0.52			
18				0.60			
19				0.52			
20		MILE IN CO.		0.54			
21				0.5%			
22				0.49			
23				653		4.00	
24				0.55			
25				6.61		4- 1-4 minutes	
26				0.56		THE RESERVE OF THE RESERVE OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE	
27				0.48			
28				0.55			
29		1		025			
30		V		0.55			
31							
Was the ch	lorine residu	al ever less than the	required minimum	residual of 0.40mg/L?	Yes X No		
If yes, what	t was the lon-	gest time period unt ousiness day.	il the required level v			Prinking Water Program to be	
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,300			
If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at any time this reporting month? Yes No		Date continuous monitoring equipment failed:		
as required? Yes No Attach those results and submit them with			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as			/ / Date it was returned to	
his form.			required? Yes No Attach grab sample results and submit them with			service:	
nted Name: Scott A. Morrill			Title: DRC / System OP				
gnature: Scolf a Mould			Phone #: (503) 804-4649		Operator Certification #: T - 9 2 7 8 OR \mathcal{D} - 9 2 7 9		
ite: 06	13012	022				oundwater System	