

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

System Name **Neahkahnie Water District**

PWS ID# **41 00506**

Month/Year **Aug 1 2022** 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    |      | ↓                | 0.60   |       |
| 2    |      |                  | 0.56   |       |
| 3    |      |                  | 0.62   |       |
| 4    |      |                  | 0.61   |       |
| 5    |      |                  | 0.52   |       |
| 6    |      |                  | 0.59   |       |
| 7    |      |                  | 0.60   |       |
| 8    |      |                  | 0.53   |       |
| 9    |      |                  | 0.56   |       |
| 10   |      |                  | 0.57   |       |
| 11   |      |                  | 0.56   |       |
| 12   |      |                  | 0.52   |       |
| 13   |      |                  | 0.58   |       |
| 14   |      |                  | 0.55   |       |
| 15   |      |                  | 0.51   |       |
| 16   |      |                  | 0.65   |       |
| 17   |      |                  | 0.65   |       |
| 18   |      |                  | 0.59   |       |
| 19   |      |                  | 0.57   |       |
| 20   |      |                  | 0.56   |       |
| 21   |      |                  | 0.54   |       |
| 22   |      |                  | 0.55   |       |
| 23   |      |                  | 0.52   |       |
| 24   |      |                  | 0.54   |       |
| 25   |      |                  | 0.60   |       |
| 26   |      |                  | 0.52   |       |
| 27   |      |                  | 0.58   |       |
| 28   |      |                  | 0.60   |       |
| 29   |      |                  | 0.55   |       |
| 30   |      |                  | 0.53   |       |
| 31   |      |                  | 0.52   |       |

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><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> | <p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p> |
|--|--|---|

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| Printed Name: <u>Scott A. Morrill</u><br>Signature: <u>Scott A. Morrill</u><br>Date: <u>08/31/2022</u> | Title: <u>DRC/System 07</u><br>Phone #: <u>(503) 804-4649</u> | Operator Certification #: <u>J-09278</u><br><u>D-09279</u><br>OR<br>Small Groundwater System <input type="checkbox"/> |
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