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

Month/Year Sept. 1 2027 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) 1 Spr.'s 1-3 /Profes spr. 0.47 2 0.47 3 0.42 4 0.43 5 0.48 6 0.45 9 0.45	System Name Neahkahnie Water District					PWS ID# 4 1 00506	
Date Time Source(s) in use residual at entry point to distribution system (mg/L) Notes 1 Spr.'s /-3 / Profes spr. 0.47 2 0.44 0.43 3 0.48 0.48 6 0.46 0.45 9 0.45 0.45	Month/Year	r Sept. 120	2Z Entry F	Point: WTP-B	(Hyd.#66) Re	equired Minimun	m Residual 0.4 mg/L
2	Date 7	Time .	Source(s) in use	residual at entry point t		Notes
2	1	Spris	1-3 P	intes spr.	0.47		
4		/					
5 0.48 6 0.46 7 0.46 8 0.45 9 0.45				**************************************	0.42		
6 0.96 7 0.46 8 0.45 9 0.45					0.43		
7 8 9 0.45 9					0.40		
8 0.45 9 0.45							
9 0.45							
					1		
10 0.47	10				0.47		
11 0.47					0.47		
12 0.47			\		0.47		
13 0.50			\	Annual states and the state of the state and the state of			
14 0.49							
15 0.48					0.48		
16 0.49					0.49		
17 0.49							
18 0.50							
19 0.44 20 0.49					0.44		
21 0.49					0.47		
22 0.52					0.71		
23 0.55		1	/	****	0.55		
24 0,50							and the state of t
25 0.52							
26 0.48	26						
27 0.44	27				0.44		
28 0.49							
29 0.48					0.48		
30 0.47					0.47		
31							
Was the chlorine residual ever less than the required minimum residual of ## 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.	If yes, what w	vas the longest ti	ime period un				rinking Water Program to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300	GWS Ser	rving 3,300 o	r Fewer		GWS Serving	More Than 3,3	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:	If yes, did you monitor every four hours until the residual returned to mg/L as required?					any time this	•
Attach those results and submit them with continuous monitoring equipment was returned to service as Date it was returned to							
Attach grab sample results and submit them with this form.						with this form.	1 1
	rinted Name:	Seatt A.	Morrill			r Certification #: $7-09272$	
Signature: Seath AMuell Phone #: (503)804-4649 OR D-0477	ignature:	Switt 1	Mull	Phor	ne #: (503)804-4649	2 - 1	OR D-09-19
Date: 09130 12822 Small Groundwater System	ate: 091	30 12022		Small Gr	oundwater System 🗌		