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

System Name Neahkahnie		Neahkahnie Water	e Water District		PWS	PWS ID# 4 1 00506			
Month/Year 06 /2023 Entry		Point: WTP-B	(Hyd.#66) R		equired Minimum Residual 0.4 mg/L				
Date	Time	Source(s) in use	residual at entry poi	Lowest free chlorine sidual at entry point to stribution system (mg/L)		Notes		
1			Pirates spr.	0.5%					
2		7		0.54					
3				0.46		,		***************************************	
4				0.50					
5				0.51	Assessed transferrencessanders				
6				0.48	***************************************	No. 1 to 6 to 10 percentage of the party description of the party descr			
7		,		0.50		*1114			
8				0,51	***************************************			-	
9		\		0.50					
10				0.50					
11				0.48			*****************************		
12	office being bet to stay an agreement was appropriate to the			0.48		***************************************		*****************************	
13			\	0.50				an kannananan kananan	
15				0,48					
16		en en et en		0.60					
17				0.54					
18	-			0.53					
19				0.51		No for the 1-10-1-10-1-10-1-10-1-10-1-10-1-10-1-1			
20			0.46		*** 6 *********************************	the way and first management of the same			
21				0.42				***************************************	
22				0.45					
23				0.45			er i ar septembersandagendersendersensense prosente, b. c. v.a.		
24				0.75				torannos disparti substitutelly Visida Arabida Arabida (see to general p	
25				0,77					
26			reference transportation and red to 1 and 1 december arranged management representations and the second	0.43				the state of the s	
27	THE CHAPTER STREET, ST	THE BOOK OF BE & SOUTH ON A STATE OF THE THE STATE OF THE PARTY OF THE		0.43					
28				0.53					
29				10.109			and the second of the second second		
30				0.43	-,		Manageria Servicione I I I I I anno Ingentical de	managed track to a second second second	
31				0112		THE RESERVE OF THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 I		and the second s	
	chlorine resid	dual ever less than the	required minimum	residual of O. Yang/L?		es X No	**************************************	***************************************	
If yes, wh	at was the lo	ongest time period unt				,	rinking 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 as required? Yes No Attach those results and submit them with this form. Did correspond to mg/L reports the model of the continuous form.			Did continuous ~						
			Did continuous monitoring equipment fail at a reporting month? Yes No If yes, were grab samples collected every for continuous monitoring equipment was return required? Yes No			equipment failed:			
							Data !t	olumnad to	
						service as	Date it was r service:	eturned to	
			Attach grab sample results and submit them			this form	/	7	
rinted Name: Seott & Worrill Title: DRC 54stem OP ignature: Scott a Ward Phone #: (503) 804-464						Operator Certification #: 7-09278			
							OR OR		
ate: 06 30 2023						Small Groundwater System [