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 07 /2023 Entry F		Point: WTP-B	(Hyd.#66)	Requ	ired Minimu	m Residual	0.4 mg/L		
Date	Time	Source(s) in use		Lowest free chloresidual at entry podistribution system	ry point to		Notes		
1		Spn's 1-3 44	Trates Spri	050					
2									
3				0.53					
4				0.49					
5				0.42					
6				0.46					
7	***************************************			0.53					
8				0.52					
9				0.51					
10				0.47					
11				0.56				*******************************	
12				0.52			***************************************	***************************************	
14		\	anning the order article () is to be flag and 3 as not a british was arribated continuous.	0.47					
15				0.48					
16				0.48					
17				0.44			harmon data di articolorista de la presidente del la presidente de la pres		
18				0.53			Margargaga, garanag tak kata sarana dina sarang takan saran		
19				0.59					
20		18-manta describerado empregando proprio escanda en describando de esta en el 10 m N o 1 m anas de candos		0.51		M of h formacións nega se anticipatado personal de constitución de la	Mile gargagaga di Barada shika paradan Milandar da shika parada sa		
21			-	0.48					
22				0.47					
23		***************************************	1	0.44			If at the widow delicated and the second to the		
24			/	0.45				Terrepresentative to the contract of the contr	
25				0,51		ACCUPATION OF THE PARTY OF THE	Secretarial and the second secretaria and the second secon		
26				0.49					
27				0.48		Abstract and a 14 111 \$ per law or \$1.5 minuspension systems	Transmission of the print that which the state of the sta		
28				0.48		AND DESCRIPTION OF THE PARTY OF			
29				0,52			auditedentification of a city of the service of the gap generalized	parameters are in the second of a second parameters and a	
30				0.47			Assessed Services of F. S. F. School Supposed Services		
31		V		0.40		The same and the s	Management of the last court of the court of	Agentine and the second	
If yes, wh	nat was the lo	dual ever less than the ongest time period untike the business day.		m residual of o.44hg/ el was restored?		,	rinking Water	Program to be	
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300									
							i .		
If yes, did you monitor every four hours until the residual returned to mg/L as required? Yes No			Did continuous monitoring equipment fail at a reporting month? Yes No If yes, were grab samples collected every found					Date continuous monitoring equipment failed:	
							D=4= !h==	/	
Attach those results and submit them with this form.			continuous monitoring equipment was return required?			o service as	Date it was r service:	eturned to	
			Attach grab sample results and submit them			this form	/	1	
Orintad Na	ma: -5° A A 2	AT IA MORRILI				Operator Certification #: $T - 09278$			
-Tillica Ivai	IIIe.	H A Morrill	Title: DRL-SYStem OP Phone #: (503)804-4649			Operator	Certification	17-29279	
3ignature:	Sent	- amullo	Phon	ie #: (<i>503) 804 - 40</i>	649		OR	0 011:1	
pate: 07131 12023 Small Groundwater System									