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 Sept.	12023 Entry	Point: WTP-B	(Hyd.#66)	Requ	equired 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		Spis 1-3 + 1	Pirates Spr.	0,54				
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31								
Was the chlorine residual ever less than the required minimum residual of ₱,40mg/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.								
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,			300	
until the residual returned to mg/L reporting mon				monitoring equipment fail at any time this ?			Date continuous monitoring equipment failed:	
as required? Yes No If yes, were			If ves, were grat	rab samples collected every four hours until the			1 1	
Attach those results and submit them with continuou			continuous mon	monitoring equipment was returned to service as			Date it was returned to	
this form			required?				service:	
				ttach grab sample results and submit them		n this form.	/	1
Printed Na	ame:Spptt.	A Morrill	Title:	9: DRC SYSTEM DP one #: (503) BA - 4649		Operator Certification #.T-09278		
Signature:	Scots	1 Mouls	Phon	Phone #: (503)BA - 4649		OR .		
Small Groundwater System								retam [