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

System Name Neahkahnie Water			District		PWS	SID# 41	00506			
Month/Year // /2023 Entry		Point: WTP-B	(Hyd.#66)	Requ	ired Minimu	m 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		Spris 1-3 + Pivates spr.		0.43						
2		,		0.47						
3	***************************************			0.51						
4		<u> </u>		0.49						
5 6				0.48						
7				0.48						
8				0.46		B 18 18 at 1 may recommended to the second distribution of the second distr	Annual Provide () - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
9				0.46		**************************************				
10				0.42						
11	*****			0.40						
12				0.40						
13			**************************************	0.48		The second secon				
14				0.50				t komen tantin pri ali propinsi di kanada adin na mana ani ani ani ani		
15				0,52						
16				0.45			,			
17				0.45		***************************************		1117 1000000000000000000000000000000000		
18				0.51		No the case the commencer of the commencer of the case				
19				0.57						
20				0.64						
21 22				0.57						
23				0.57		***************************************				
24				0.49				na anna de antida de la descripción de antida de a		
25			and the state of t	0.48		The state of the s	the second secon	eventures and another the section of		
26			netten tran produces tell for \$ 1 × 1 Assessmentary assessment by the designation of the second	0.48			manufactured and plant to the first to the tell beautiful designation of the second section of the section of the second section of the section of the second section of the se			
27				0.44			A NAME AND POST OFFICE ADDRESS OF THE PARTY			
28				0.40		AND REPORTED TO THE REAL PROPERTY OF THE PROPE	arrador de la companione de la companion	and the second distribution and a 1 benefit to the 1 of 1 me and administration and an analysis.		
29				0.40			AND CONTRACTOR OF THE PARTY OF			
30		V		0.48				1		
31						***	******************************			
Was the chlorine residual ever less than the required minimum residual of \$\mathcal{O} \cdot \frac{1}{2} \text{ mg/L?} \text{Yes} \text{No} \text{No} \text{If yes, what was the longest time period until the required level was restored? hours \text{lorgest} \text{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										
						1				
until the residual returned to mg/L as required?			Did continuous monitoring equipment fail at a reporting month? Yes No			equipment failed:				
Attach those results and submit them with			If yes, were grab samples collected every for continuous monitoring equipment was return				Date it was re	eturned to		
this form.		TO GUIDINI WOULD FRING	required? Yes No			0011100 00	service:	otarriod to		
		,	Attach grab sample results and submit them			with this form. / /				
Printed Name: Scott A Morrill Title: DRC-System OP Operator Certification #: Total Signature: Phone #: (503) 804-4649 OR D-6								#:T-09278		
Signature: Staff A. Macill Phone #: (503) 804-4649 OR D-0								D-09279		
Date: //	Date: // /30 /2023						Small Groundwater System 🔲			