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 /2 / Z023 Entry Point: WTP-B				(Hyd.#66)	Requ	equired Minimum Residual 0.4 mg/L			
Date	Time	Source(s) in use	Lowest free chlorir use residual at entry poir distribution system (m			Notes		
1	Spr. 5/43 4 Pin		rafes SPr.	0.45					
2	,			0.47					
3	***************************************	/		0.46					
4			44 hamman demonstration of the second of the	0.54					
5	***************************************			0.49		**** ** ** *****			
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9	***************************************	······································		0.48		***************************************			
10				0.45		***			
11	*****			0.43		The state of the s	***************************************		
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13				0.51		The state of the s	***************************************		
14		makes derived 17 f s s or or over 1 books 15 places beautiful derived by an electric series.		0.49					
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16				0.50					
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18				0.53		**************************************	en not gerland djere e e g novembergen de delen teken kenne gerlande e over		
19 20				0.57					
21			0.57						
22				0.48					
23				0.44			e i M en lagrarillatense didensialitarida de discrettor produces. E o 144 e		
24	/			0.41					
25		***************************************		0.41		remarkementerede on he I had I so he up h typed therefol	and the second s	ny ara-da-da-da-da-da-da-da-da-da-da-da-da-da	
26				0.41					
27			WHITE CO.	0.40					
28				0.41					
29				0.40		A Park house is a contract of the contract of	The above the section of the transfer to the section of the sectio		
30				0.99		manhamatic and the first section of contradings and desirable	Annual representation to the first to be a f	enterior de la company de la c	
31 0:47 Was the chlorine residual ever less than the required minimum residual of 0:46 mg/L? Yes Ano									
If yes, wh	nat was the lo	ongest time period unt		-		/	rinking Water	Program to be	
		t business day.			**********	***************************************			
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,			30.0		
If yes, did you monitor every four hours until the residual returned to mg/L			Did continuous monitoring equipment fail at a reporting month? Yes No			ny time this Date continuous monitoring equipment failed:			
as required? Yes No			If yes, were grab samples collected every for			urs until the	1	7	
Attach those results and submit them with			continuous monitoring equipment was returned to service a			service as	Date it was re	eturned to	
this form.			required? Yes No			16 '- 6	service:	,	
Attach grab sample results and submit them with this form.								<i></i>	
Printed Nat	me: Sgott	A Morrill	Title:	Title: Sysfon Operate DDA Phone #: (505) BO4-4649		Operator Certification #: 7-09278 OR D-09279			
Signature:	Stoll	AMOUL	Phone #: (503) 804 - 4649		9	OR D-09279			
Date: 12	Date: 12 31 Z023 Small Groundwater System								