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 05 / Zoz4 Entry Point: WTP-B (Hyd.#66) Required 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
11		Spr. 5 1-3 +7	Pirates spr.	0,52			
2			·	0,51		The state of the s	
3				0.50			
4				0.48			
5				0.98			
7				0.47			
8				0,58		****	
9	***************************************			0.58		**************************************	
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31		T		0.00			
Was the chlorine residual ever less than the required minimum residual of 0.40 mg/L? Yes No							
If yes, wh	at was the lo	ongest time period unt t business day.					rinking Water Program to be
GWS Serving 3,300 or Fewer GWS Serving More Than 3,300							
			Did continuous n	monitoring equipment fail at any time this			Date continuous monitoring
			reporting month? Yes No			1116 0119	equipment failed:
	as required? Type Tillo			If yes, were grab samples collected every four hours until the			1 1
Attach the this form.	ose results a	nd submit them with	continuous monitoring equipment was returned to service as required? Yes No				Date it was returned to service:
			Attach grab sample results and submit them with this form.			1 1	
Printed Na	me:Scott	+ A Morr, 11	Title:_	Title: DRC / System Oper, Opera Phone #: (503) 804 - 4/49			Certification #: T-09 Z 7
Signature: Luft a March Phone #: (503) 204 - 4649 OR D-092							OR D-09279
Small Groundwater System [7]							