

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 **Jan. / 2025** Entry Point: **WTP-B (Fyd. #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
1		Spr. #1-3 & Pirates ↓	0.51	
2			0.49	
3			0.47	
4			0.46	
5			0.46	
6			0.50	
7			0.51	
8			0.48	
9			0.48	
10			0.48	
11			0.47	
12			0.49	
13			0.48	
14			0.53	
15			0.56	
16			0.55	
17			0.52	
18			0.50	
19			0.46	
20			0.48	
21			0.50	
22			0.51	
23			0.49 0.50	
24			0.49	
25			0.48	
26			0.44	
27			0.43	
28			0.50	
29			0.48	
30			0.46	
31			0.46	

Was the chlorine residual ever less than the required minimum residual of **0.40** mg/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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Phil Aude Signature: _____ Date: 1 / 30 / 25	Title: DRC Phone #: (503) 739-2348	Operator Certification #: D 08178 OR T 08177 Small Groundwater System <input type="checkbox"/>
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