

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 **FEB. / 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 ↓	0.46	
2			0.48	
3			0.51	
4			0.49	
5			0.48	
6			0.45	
7			0.46	
8			0.45	
9			0.46	
10			0.46	
11			0.46	
12			0.51	
13			0.52	
14			0.51	
15			0.48	
16			0.44	
17			0.45	
18			0.44	
19			0.43	
20			0.45	
21			0.47	
22			0.49	
23			0.51	
24			0.54	
25			0.54	
26			0.53	
27			0.51	
28			0.50	
29				
30				
31				

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 style="text-align: center;">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>
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Printed Name: Phil Chick Signature: <i>Phil Chick</i> Date: 2/28/25	Title: DRC Phone #: (503) 739-2348	Operator Certification #: T: 08177 OR D: 08178 Small Groundwater System <input type="checkbox"/>
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