

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 May / 2025 Entry Point: WTP-B (Fy d. #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		<u>Spring #1-3 & Pirates</u>	<u>0.46</u>	
2			<u>0.45</u>	
3			<u>0.53</u>	
4			<u>0.51</u>	
5			<u>0.50</u>	
6			<u>0.50</u>	
7			<u>0.50</u>	
8			<u>0.51</u>	
9			<u>0.53</u>	
10			<u>0.53</u>	
11			<u>0.50</u>	
12			<u>0.45</u>	
13			<u>0.47</u>	
14			<u>0.50</u>	
15			<u>0.51</u>	
16			<u>0.50</u>	
17			<u>0.49</u>	
18			<u>0.50</u>	
19			<u>0.50</u>	
20			<u>0.50</u>	
21			<u>0.49</u>	
22			<u>0.54</u>	
23			<u>0.58</u>	
24			<u>0.55</u>	
25			<u>0.50</u>	
26			<u>0.51</u>	
27			<u>0.46</u>	
28			<u>0.46</u>	
29			<u>0.49</u>	
30			<u>0.50</u>	
31			<u>0.51</u>	

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?
notified by end of next business day.

hours – If > 4 hours, Drinking Water Program to be

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☒ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: Jeremy Rex

Title: System operator

Operator Certification #: 426801

Signature: Jeremy Rex

Phone #: (206) 919-4291

OR

Date: 5 / 31 / 25

Small Groundwater System ☐