

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name Neahkahnie Water District

PWS ID# 41 00506

Month/Year July / 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		Spring #1-3 & Pirates ↓	0.48	
2			0.48	
3			0.51	
4			0.49	
5			0.49	
6			0.50	
7			0.50	
8			0.50	
9			0.48	
10			0.49	
11			0.50	
12			0.49	
13			0.49	
14			0.49	
15			0.50	
16			0.50	
17			0.48	
18			0.48	
19			0.51	
20			0.51	
21			0.50	
22			0.49	
23			0.48	
24			0.50	
25			0.50	
26			0.50	
27			0.51	
28			0.52	
29			0.49	
30			0.48	
31			0.49	

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.

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 Op.

Operator Certification #: 426801

Signature: Jeremy Rex

Phone #: (206) 919-4291

OR

Date: 7 / 31 / 2025

Small Groundwater System ☒