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: Aug. / 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		Spring #1-3 & Pirates	0.49	
2			0.50	
3			0.46	
4			0.46	
5			0.45	
6			0.45	
7			0.43	
8			0.52	
9			0.54	
10			0.53	
11			0.49	
12			0.50	
13			0.58	
14			0.58	
15			0.56	
16			0.55	
17			0.58	
18			0.58	
19			0.52	
20			0.54	
21			0.54	
22			0.58	
23			0.57	
24			0.54	
25			0.58	
26			0.58	
27			0.53	
28			0.50	
29			0.50	
30			0.54	
31			0.55	

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 operator — Operator Certification #: 426801

Signature: Jeremy Rex — Phone #: (206)919-4291 — OR

Date: 8 / 31 / 2025 — Small Groundwater System ☒