

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

System Name Neahkahnie Water District			PWS ID# 41 00506	
Month/Year <u>Nov 2025</u> 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		<u>Spring #1-3 & Pirates</u>	<u>0.54</u>	
2			<u>0.54</u>	
3			<u>0.53</u>	
4			<u>0.52</u>	
5			<u>0.52</u>	
6			<u>0.52</u>	
7			<u>0.52</u>	
8			<u>0.53</u>	
9			<u>0.54</u>	
10			<u>0.57</u>	
11			<u>0.54</u>	
12			<u>0.52</u>	
13			<u>0.51</u>	
14			<u>0.54</u>	
15			<u>0.57</u>	
16			<u>0.55</u>	
17			<u>0.54</u>	
18			<u>0.52</u>	
19			<u>0.51</u>	
20			<u>0.53</u>	
21			<u>0.57</u>	
22			<u>0.55</u>	
23			<u>0.59</u>	
24			<u>0.62</u>	
25			<u>0.61</u>	
26			<u>0.57</u>	
27			<u>0.56</u>	
28			<u>0.59</u>	
29			<u>0.54</u>	
30			<u>0.64</u>	
31				
<p>Was the chlorine residual ever less than the required minimum residual of <u>0.40</u> mg/L? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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		GWS Serving More Than 3,300		
If yes, did you monitor every four hours until the residual returned to mg/L as required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date continuous monitoring equipment failed: / /
Attach those results and submit them with this form.		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		Date it was returned to service: / /
Printed Name: <u>NICK THEHERIS</u>		Title: <u>DRC</u>		Operator Certification #: <u>927644</u>
Signature: <u>Nick</u>		Phone #: <u>(503) 812-1516</u>		OR
Date: / /		Small Groundwater System <input type="checkbox"/>		