

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

System Name Neahkahnie Water District

PWS ID# 41 00506

Month/Year Nov / 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 ↓	0.54	
2			0.54	
3			0.53	
4			0.52	
5			0.52	
6			0.52	
7			0.52	
8			0.53	
9			0.54	
10			0.57	
11			0.54	
12			0.52	
13			0.51	
14			0.57	
15			0.57	
16			0.55	
17			0.54	
18			0.52	
19			0.51	
20			0.53	
21			0.57	
22			0.55	
23			0.59	
24			0.62	
25			0.61	
26			0.57	
27			0.56	
28			0.58	
29			0.54	
30			0.64	
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?
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: Nick Theoharis

Title: DRC

Signature: [Signature]

Phone #: (503) 812-1516

Date: / /

Operator Certification #:

927644

OR

Small Groundwater System ☐