

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

System Name **Neahkahnne Water District**

PWS ID# **41 00506**

Month/Year **12 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		Pirate Springs	0.67	
2			0.69	
3			0.67	
4			0.66	
5			0.63	
6			0.62	
7			0.70	
8			0.61	
9			0.62	
10			0.62	
11			0.60	
12			0.56	
13			0.55	
14			0.54	
15			0.54	
16			0.55	
17			0.61	
18			0.72	
19			0.58	
20			0.54	
21			0.51	
22			0.60	
23			0.63	
24			0.49	
25			0.71	
26			0.65	
27			0.53	
28			0.65	
29			0.62	
30			0.57	
31			0.65	

Was the chlorine residual ever less than the required minimum residual of \_\_\_\_\_ 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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>Attach grab sample results and submit them with this form.</p>	<p>Date continuous monitoring equipment failed: _____ / _____ / _____</p> <p>Date it was returned to service: _____ / _____ / _____</p>
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Printed Name: **Nicholas Theoharis** Title: **DRC**  
 Signature: \_\_\_\_\_ Phone #: **(503) 812-1516**  
 Date: **11/4/2026**

Operator Certification #: **7104 927644**  
 OR  
 Small Groundwater System