

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 **March/ 2026** 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 ↓	0.42	
2			0.45	
3			0.46	
4			0.46	
5			0.57	
6			0.55	
7			0.41	
8			0.41	
9			0.41	
10			0.57	
11			0.52	
12			0.69	
13			0.73	
14			0.58	
15			0.54	
16			0.57	
17			0.7	
18			0.8	
19			0.8	
20			0.75	
21			0.55	
22			0.44	
23			0.7	
24			0.8	
25			0.8	
26			0.8	
27			0.87	
28			0.84	
29			0.72	
30			0.8	
31			0.82	

Was the chlorine residual ever less than the required minimum residual of **0.4** 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>GWS Serving 3,300 or Fewer</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><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</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><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed: / /</p> <p>Date it was returned to service: / /</p>
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Printed Name: Nicholas Trecheris Signature: _____ Date: 4 13 2026	Title: System DRC Phone #: (503) 815-1516	Operator Certification #: 927644 OR Small Groundwater System <input type="checkbox"/>
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