

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

System Name **Cascadia State Park**

PWS ID# **41 91055**

Month/Year **4/21**

Entry Point:

Required Minimum Residual **.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	<del>15:15</del>	<del>Day use CXT</del>	<del>1.06</del>	<del>Hose bibb behind CXT</del>
2				
3				
4				
5				
6				
7				
8	15:15	Day use Cxt	1.06	Hose bibb behind CXT
9	3:40pm	Day use cxt	1.13	" " "
10	3:01pm	" " "	.97	" " "
11	3:10pm	" " "	.83	" " "
12	3:08pm	" " "	1.06	" " "
13	11:10	" " "	.98	" " "
14	3:10pm	" " "	.57	" " "
15	3:19pm	" " "	1.38	" " "
16	4:24pm	" " "	1.34	" " "
17	2:39pm	" " "	1.28	" " "
18	3:29pm	" " "	1.24	" " "
19	2:26pm	" " "	1.61	" " "
20	3:15	" " "	1.53	" " "
21	4:00PM	" " "	1.48	" " "
22	09:40	" " "	1.42	" " "
23	12:30pm	" " "	1.43	" " "
24	11:44 AM	" " "	1.38	" " "
25	11:45	" " "	1.36	" " "
26	3:02pm	" " "	1.67	" " "
27	12:39	" " "	1.60	" " "
28	8:18 AM	ACROSS from Site 20	1.37	ACROSS from Site 20
29	3:31pm	Day use CXT	1.28	Hose bibb behind CXT
30	12:45	" " "	1.26	" " "
31				

Was the chlorine residual ever less than the required minimum residual of .2 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: Adam Breneman

Title: Assistant Supervisor

Operator Certification #:

Signature: *Adam Breneman*

Phone #: (541) 801-4767

OR