

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

System Name **Cascadia State Park**

PWS ID# **4 1 91055**

Month/Year **May 2021** Entry Point: **Pump House**

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	11:15 AM	Day use hose bibb	1.27	behind cxt
2	11:00 AM	Day use hose bibb	1.23	behind cxt
3	11:45 AM	Day use hose bibb	1.25	behind cxt
4	3:09 PM	Day use hose bibb	1.62	behind cxt
5	9:24 AM	Day use hose bibb	1.40	behind cxt
6	1:17 PM	Day use hose bibb	1.40	behind cxt
7	12:30PM	Day use hose bibb	1.42	behind cxt
8	11:04 AM	Day use hose bibb	1.25	behind cxt
9	12:43 PM	Day use hose bibb	1.21	behind cxt
10	2:35 PM	Day use hose bibb	1.10	behind cxt
11	12:40PM	Day use hose bibb	1.35	behind cxt
12	1:33 PM	Day use hose bibb	1.29	behind cxt
13	2:27 PM	Day use hose bibb	1.49	behind cxt
14	1:10 PM	Day use hose bibb	1.14	behind cxt
15	12:30 PM	Day use hose bibb	1.28	behind cxt
16	2:05 PM	Day use hose bibb	0.98	behind cxt
17	11:57 AM	Day use hose bibb	1.23	behind cxt
18	11:14 AM	Day use hose bibb	1.07	behind cxt
19	3:38PM	Day use hose bibb	1.00	behind cxt
20	4:18 PM	Day use hose bibb	1.18	behind cxt
21	8:55 AM	Day use hose bibb	0.86	behind cxt
22	2:30 PM	Next to site #25	0.60	faucet in front of site on stand pipe
23	11:05 AM	Next to site #25	1.12	faucet in front of site on stand pipe
24	1:26 PM	Across from site #20	1.15	faucet on stand pipe
25	1:37 PM	Across from site #20	1.14	faucet on stand pipe
26	9:30 AM	Day use hose bibb	1:62	behind cxt
27	12:00 PM	Day use hose bibb	1.90	behind cxt
28	3:38 PM	Across from site #20	1.00	faucet on stand pipe
29	10:58 AM	Across from site #20	1.11	faucet on stand pipe
30	11:19 AM	Across from site #20	1.00	faucet on stand pipe
31	10:18 AM	Across from site #20	1.11	faucet on stand pipe

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 Brenneman

Title: Assistant Supervisor

Operator Certification #:

Signature: 

Phone #: (541) 801-4767

OR

Date: 5/31/2021

Small Groundwater System Yes