

**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 **June 2021** ___ Entry Point: **Pump House**

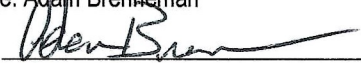
Required Minimum Residual **.2 mg/L**

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	2:36 PM	Across from site 20	0.63	
2	8:30 AM	Hose bibb Behind Entry CXT	0.75	
3	11:30 AM	Hose bibb Behind Entry CXT	0.61	
4	12:42 PM	Across from site 20	0.86	
5	11:30 AM	Across from site 20	0.73	
6	8:40 AM	Across from site 20	0.83	
7	9:00 AM	Across from site 20	0.89	
8	12:41 PM	Across from site 20	1.14	
9	3:00 PM	Across from site 20	0.61	
10	1:00 PM	Across from site 20	1.3	
11	12:00 PM	Across from site 20	1.32	
12	2:30 PM	Across from site 20	1.67	
13	10:35 AM	Across from site 20	1.73	
14	11:32 AM	Across from site 20	1.56	
15	12:51 PM	Across from site 20	1.47	
16	8:30 AM	Across from site 20	1.28	
17	12:30 PM	Across from site 20	1.25	
18	1:47 PM	Across from site 20	1.19	
19	3:22 PM	Across from site 20	1.36	
20	3:20 PM	Across from site 20	1.35	
21	3:37 PM	Across from site 20	1.42	
22	4:30 PM	Across from site 20	1.38	
23	7:30 AM	Across from site 20	1.32	
24	8:15 AM	Across from site 20	0.61	
25	12:43 PM	Across from site 20	1.35	
26	8:15 AM	Across from site 20	1:37	
27	7:30 AM	Across from site 20	1.14	
28	6:40 AM	Across from site 20	1.2	
29	7:20 AM	Across from site 20	1.2	
30	7:00 AM	Across from site 20	0.86	
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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.

<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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<p>Printed Name: Adam Brenneeman</p> <p>Signature: </p> <p>Date: 7/6/2021</p>	<p>Title: Assistant Supervisor</p> <p>Phone #: (541)801-4767</p>	<p>Operator Certification #:</p> <p align="center">OR</p> <p>Small Groundwater System Yes</p>
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