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 July	2021 Entry Poi	nt: Pump House Required Minimum Res		Residual .2 mg/L	
Date	Time	Source(s) in	use	Lowest free chlorine residual at entry point to distribution system (mg/L)		Notes
1	07:30 am	Across From Site 20	1	1.11		
2	12:45 pm	u u u	0	0.90		
3	06:51 am	u u	1	1.56		
4	06:15 am	et 11		1,58		
5	08:01 am	" "	1	1.28		
6	07:00 am	11 II II	1	1,56		
7	07:00 am	tt tt	1	1.32		
8	07.30 am	66 66	1	1,60		
9	07:10 am	et et et	1	1.83		
10	08:30 am	66 66 66	1	1.32		
11	07:10 am	tt (t tt	1	1.91		
12	07:00 am	er tr tr	1	1,99		5.02
13	07:10 am	tt tt tt		1.99		
14	07:00 am	u u u	2	2.20		
15	01:15 pm	u u u		1.88		
16	02:26 pm	tt tt 15		1.63		
17	06:45 pm	u u u		1.50		
18	07:05 am	ee ee ee		1.63		
19	07:08 am	u u u		1.32		
20	09:27 am	" " "		1.24		
21	09:15 am	tt tt		1.74		
22	03:15 pm	« « «		1.80		
23	06:45 am	u u u		1.50		
24	06:36 am	u u u		1.64		
25	09:25 am	" " 16		1.55		
26	08:01 am	" " 20		1.56		
27	07:50 am			1.70		
28	08:30 am	" " "		1.79		
29	10:35 am	a a a		1.74		
30	06:37 am	" " "		1.55		
31	06:52 am	u u		1.65		
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 GWS Serving More Than 3,300						
	_		Did continuous monitoring equipment fail at any time this Date continuous monitoring			
If yes, did you monitor every four hours until the residual returned to mg/L as required? □Yes □ No				? Yes No	ary arris ans	equipment failed:
			- A			1 1
Attach those results and submit them with			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as			Date it was returned to
this form.			required? Yes No			service:
			Attach grab sample results and submit them with this form.			
Printed	Name: Adam	n Brenneman	Title: Assistant Supervisor		Operator Certification #:	
	///				OR	
ognation						
Date: 8 / 2 / 2021 Small Groundwater System Yes						