

**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 **Aug 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	6:36 AM	Across From Site 19	1.71	
2	6:54 AM	" " " "	1.55	
3	6:50 AM	" " " "	1.72	
4	7:30 AM	" " " "	1.67	
5	12:00 PM	" " " "	1.65	
6	12:30 PM	" " " "	1.67	
7	12:20 PM	" " " "	1.53	
8	6:45 AM	" " " "	1.56	
9	7:11 AM	" " " "	1.37	
10	7:51 AM	" " " "	1.41	
11	7:30 AM	" " " "	1.31	
12	7:45 AM	" " " "	1.27	
13	8:04 AM	" " " "	1.44	
14	9:09 AM	" " " "	1.52	
15	6:51 AM	" " " "	1.24	
16	6:37 AM	" " " "	1.18	
17	7:12 AM	" " " "	1.13	
18	7:45 AM	" " " "	1.32	
19	7:00 AM	" " " "	1.09	
20	6:37 AM	" " " "	1.18	
21	6:45 AM	" " " "	1.09	
22	6:40 AM	" " " "	.87	
23	6:45 AM	" " " "	1.25	
24	7:19 AM	" " " "	1.19	
25	7:00 AM	" " " "	1.10	
26	8:15 AM	" " " "	1.33	
27	6:40 AM	" " " "	1.05	
28	6:45 AM	" " " "	1.2	
29	6:25 AM	" " " "	1.14	
30	6:41 AM	" " " "	1.18	
31	7:03 AM	" " " "	1.14	

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 checked="" 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: Adam Brenneman Signature:  Date: 9 / 7 / 2021	Title: Assistant Supervisor Phone #: (541)801-4767	Operator Certification #: OR Small Groundwater System Yes
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