|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| System Name | | | Cascadia State Park | | | | | | | | | PWS ID# | | | 4 1 91055 | | |
| Month/Year | |  | | | 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 | 8:30AM | | | East of site #19 | | | | | | .59 | | | |  | | | |
| 2 | 8:15AM | | | ”” “” “” “” | | | | | | .85 | | | |  | | | |
| 3 | 8:00AM | | | ”” “” “” “” | | | | | | .90 | | | |  | | | |
| 4 | 10:00AM | | | ”” “” “” “” | | | | | | 1.11 | | | |  | | | |
| 5 | 8:00AM | | | ”” “” “” “” | | | | | | 1.15 | | | |  | | | |
| 6 | 8:15AM | | | ”” “” “” “” | | | | | | 1.05 | | | |  | | | |
| 7 | 8:00AM | | | ”” “” “” “” | | | | | | 1.24 | | | |  | | | |
| 8 | 9:00AM | | | ”” “” “” “” | | | | | | 1.17 | | | |  | | | |
| 9 | 8:45AM | | | ”” “” “” “” | | | | | | 1.08 | | | |  | | | |
| 10 | 9:00AM | | | ”” “” “” “” | | | | | | 1.29 | | | |  | | | |
| 11 | 10:30AM | | | ”” “” “” “” | | | | | | 1.29 | | | |  | | | |
| 12 | 11:00AM | | | ”” “” “” “” | | | | | | 1.38 | | | |  | | | |
| 13 | 9:00AM | | | ”” “” “” “” | | | | | | 1.29 | | | |  | | | |
| 14 | 8:00AM | | | ”” “” “” “” | | | | | | 1.41 | | | |  | | | |
| 15 | 7:30AM | | | ”” “” “” “” | | | | | | 1.15 | | | |  | | | |
| 16 | 9:00AM | | | ”” “” “” “” | | | | | | 1.38 | | | |  | | | |
| 17 | 7:45AM | | | ”” “” “” “” | | | | | | 1.22 | | | |  | | | |
| 18 | 8:00AM | | | ”” “” “” “” | | | | | | 1.36 | | | |  | | | |
| 19 | 8:15AM | | | ”” “” “” “” | | | | | | 1.21 | | | |  | | | |
| 20 | 8:30AM | | | ”” “” “” “” | | | | | | 1.17 | | | |  | | | |
| 21 | 8:00AM | | | ”” “” “” “” | | | | | | 1.14 | | | |  | | | |
| 22 | 8:00AM | | | ”” “” “” “” | | | | | | 1.04 | | | |  | | | |
| 23 | 8:30AM | | | ”” “” “” “” | | | | | | 1.02 | | | |  | | | |
| 24 | 8:30AM | | | ”” “” “” “” | | | | | | .98 | | | |  | | | |
| 25 | 9:30AM | | | ”” “” “” “” | | | | | | .76 | | | |  | | | |
| 26 |  | | |  | | | | | |  | | | |  | | | |
| 27 |  | | |  | | | | | |  | | | |  | | | |
| 28 |  | | |  | | | | | |  | | | |  | | | |
| 29 |  | | |  | | | | | |  | | | |  | | | |
| 30 |  | | |  | | | | | |  | | | |  | | | |
| 31 |  | | |  | | | | | |  | | | |  | | | |
| Was the chlorine residual ever less than the required minimum residual of .2 mg/L?  Yes x 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** | | | | | | | | | | | | |
| 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.* | | | | | | 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: Tristan Davis | | | | | | | | | Phone #: ( 541)801-4767 | | | | OR | | | | | |
| Date: 11 / 04 / 2021 | | | | | | | | |  | | | | Small Groundwater System Yes | | | | | |