|  |  |  |  |
| --- | --- | --- | --- |
| 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[ ]  NoIf 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 [ ]  NoIf 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 |