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 May 2022 | 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	11:54	Bibb across from site #20	1.55	
2	8:30	" "	2.19	
3	8:00	" "	2.2	
4	14:17	Faucet Main RR	1.58	
5	8:30	Bibb across from site #20	2.15	
6	8:30	Faucet Main RR	2.17	
7	8:30	" "	2.16	
8	8:30	" "	1.96	
9	8:30	" "	2.16	
10	8:00	" "	2.2	
11	7:00	" "	2.2	
12	8:00	" "	1.9	
13	6:30	" "	1.76	
14	8:30	" "	0.99	
15	7:30	" "	1.02	Discovery of Water Line Break
16	6:30	" "	0.69	
17	9:00	#26 Host Site	0.36	
18	8:00	" "	0.53	
19	8:00	" "	0.35	
20	7:30	" "	0.28	
21	7:30	" "	0.21	
22	15:15	" "	1	
23	9:00	Bibb across from site #20	0.8	
24	8:59	" "	0.62	
25	7:00	" "	0.72	
26	6:30	" "	0.35	
27	6:00	" "	0.55	
28	7:30	" "	0.68	
29	7:30	" "	0.57	
30	9:00	" "	1.11	
31	9:30	" "	0.94	

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 buisiness day.

GWS Serving 3,300 or Fewer

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.

GWS Serving More Than 3,300

Did continous 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 samples results and submit them with this form.

Printed Name: Adam Brenneman

Signature: *Adam Br*

Date: 6/6/2022

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes