

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	Behind Day Use CXT	1.13	
2	8:30	" "	0.91	
3	8:00	" "	0.87	
4	14:17	" "	0.97	
5	8:30	" "	1.01	
6	8:30	" "	1.34	
7	8:30	" "	1.27	
8	8:30	" "	1.1	
9	8:30	" "	0.99	
10	8:00	" "	1.11	
11	7:00	" "	1.02	
12	8:00	" "	1.06	
13	6:30	" "	1.08	
14	8:30	" "	1.18	
15	7:30	" "	1.12	
16	6:30	" "	0.93	
17	9:00	" "	1.02	
18	8:00	" "	1.21	
19	8:00	" "	1.53	
20	7:30	" "	1.4	
21	7:30	" "	1.32	
22	15:15	" "	1.24	
23	9:00	" "	1.41	
24	8:59	" "	1.38	
25	7:00	" "	1.24	
26	6:30	" "	1.19	
27	6:00	" "	1.15	
28	7:30	" "	1.07	
29	7:30	" "	1.15	
30	9:00	" "	1.11	
31	9:30	" "		

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

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 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 samples results and submit them with this form.

Printed Name: Adam Brenneman

Signature: 

Date: 7/1/2022

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes