

State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems

System Name: Cascadia State Park

PWS ID# 41 91055

Month/Year August 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	9:00	Behind Day Use CXT	0.93	DA
2	9:30	" "	0.99	DA
3	7:00	" "	0.98	DD
4	6:30	" "	0.94	DD
5	9:00	" "	0.87	DA
6	9:45	" "	0.82	DA
7	10:00	" "	0.69	DA
8	9:00	" "	1.25	DA
9	9:00	" "	1.11	DA
10	6:00	" "	0.97	DD
11	6:30	" "	1.21	DD
12	9:00	" "	1.2	DA
13	8:45	" "	1.18	DA
14	10:00	" "	0.9	DA
15	8:45	" "	0.88	DA
16	10:00	" "	1.19	DA
17	8:00	" "	1.14	DD
18	8:00	" "	1.18	DD
19	9:00	" "	1.26	DA
20	9:00	" "	1.15	DA
21	9:00	" "	1.01	DA
22	9:00	" "	0.91	DA
23	9:00	" "	1.09	DA
24	7:00	" "	1.14	DD
25	7:00	" "	0.77	DD
26	9:00	" "	0.65	DA
27	9:00	" "	0.93	DA
28	9:00	" "	0.8	DA
29	9:00	" "	0.91	DA
30	9:00	" "	1.24	DA
31	7:00	" "	1.11	DD

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

Title: Assistant Supervisor

Operator Certification #:

Signature: 

Phone #: (541) 801-4767

OR

Date: 9/2/2022

Small Groundwater System Yes