

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 September 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	6:00	Behind Day Use CXT	0.89	DD
2	8:30	" "	1.05	DA
3	10:00	" "	1.26	DA
4	11:00	" "	1.16	DA
5	11:00	" "	1	DA
6	11:00	" "	0.96	DA
7	7:00	" "	1.04	DD
8	6:00	" "	0.97	DD
9		" "	NO POWER	DA NO Pressure
10		" "	NO POWER	DA NO Pressure
11	8:30	" "	0.78	DA
12	8:30	" "	0.89	DA
13	10:00	" "	1.07	DA
14	7:00	" "	0.99	DD
15	6:30	" "	0.96	DD
16	9:00	" "	1.01	DA
17	8:30	" "	0.97	DA
18	9:00	" "	1.19	DA
19	10:00	" "	1.18	DA
20	10:00	" "	0.91	DD
21	7:00	" "	1.23	DD
22	7:30	" "	1.19	DA
23	10:00	" "	1.15	DA
24	9:00	" "	1.47	DA
25	9:00	" "	1.32	DA
26	9:00	" "	1.08	DA
27	7:00	" "	0.97	DD
28	7:00	" "	0.94	DD
29	9:00	" "	0.9	DA
30	9:00	" "	0.87	DA
31				

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: 10/14/2022

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes