

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