

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 2023

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	0.31	DD
2	7:00	" "	0.64	DD
3	6:00	" "	0.61	DD
4	6:30	" "	0.72	DD
5	7:30	" "	0.64	DD
6	7:00	" "	0.59	DD
7	5:30	" "	0.72	DD
8	5:30	" "	0.8	DD
9	5:30	" "	0.44	DD
10	6:00	" "	0.46	KP
11	2:45	" "	0.69	KP
12	3:05	" "	0.85	KP
13	3:15	" "	1.13	KP
14	1:30	" "	0.7	KP
15	2:00	" "	0.73	KP
16	3:00	" "	0.71	DD
17	6:00	" "	0.58	DD
18	6:00	" "	0.66	DD
19	7:00	" "	0.57	DD
20	8:00	" "	0.63	DD
21	7:30	" "	0.61	DD
22	7:00	" "	0.58	DD
23	6:30	" "	0.47	DD
24	7:00	" "	0.36	DD
25	6:00	" "	0.33	DD
26	7:15	" "	1.02	DD
27	7:00	" "	0.89	DD
28	6:30	" "	0.73	DD
29	7:00	" "	0.61	DD
30	7:30	" "	0.56	DD
31	7:00	" "	0.69	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: 9/5/2023

Small Groundwater System Yes