

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 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	7:30	Behind Day Use CXT	0.84	DD
2	7:30	" "	0.75	DD
3	15:41	Host Site	0.63	AB
4	15:35	Host Site	0.71	AB
5	15:38	Host Site	0.67	AB
6	15:33	Host Site	0.59	AB
7	15:28	Host Site	0.5	AB
8	7:05	Behind Day Use CXT	0.6	KP
9	3:30	" "	0.8	KP
10	2:47	" "	0.75	KP
11	9:00	" "	0.7	DD
12	13:30	" "	0.8	DD
13	9:30	" "	0.65	DD
14	8:00	" "	0.7	DD
15	7:30	" "	0.8	DD
16	15:00	" "	0.8	DD
17	16:00	" "	0.6	DD
18	13:00	" "	0.65	DD
19	8:30	" "	0.6	DD
20	14:00	" "	0.6	DD
21	7:30	" "	0.65	DD
22	11:00	" "	0.5	DD
23	7:30	" "	0.5	DD: Water Off for the Season
24				
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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.

<p>GWS Serving 3,300 or Fewer</p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach those results and submit them with this form.</i></p>	<p>GWS Serving More Than 3,300</p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Attach grab samples results and submit them with this form.</i></p>
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Printed Name: Adam Brenneman Signature: Date: 09/25/2023	Title: Assistant Supervisor Phone #: (541) 801-4767	Operator Certification #: OR Small Groundwater System Yes
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