

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

System Name: Cascadia State Park

PWS ID# 41 91055

Month/Year March 2024

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12	3:30pm	Behind Day Use CXT	0.5	KP
13	2:10pm	" "	0.6	KP
14	11:21am	" "	0.6	KP
15	15:15	" "	0.3	TD
16	10:20am	" "	0.5	TD
17	13:01	" "	0.5	MF
18	8:30am	" "	0.5	KP
19	13:24	" "	0.5	TD
20	13:10	" "	0.5	TD
21	13:26	" "	0.5	TD
22	10:24	" "	0.3	TD
23	14:48	" "	0.9	KP
24	3:00pm	" "	0.8	KP
25	2:48pm	" "	0.7	DB
26	13:21	" "	0.5	KP
27	2:46pm	" "	0.6	KP
28	2:51pm	" "	0.6	KP
29	9:00am	" "	0.6	KP
30	11:25am	" "	0.6	TD
31	3:00pm	" "	0.7	KP

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: 4/2/2024

Small Groundwater System Yes