

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 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	11:16	Behind Day Use CXT	0.57	TD
2	10:23	" "	0.6	MF
3	12:06pm	" "	0.63	KP
4	11:35am	" "	0.35	TD
5	10:35	" "	0.51	DB
6	11:43	" "	0.76	KP
7	2:25pm	" "	0.57	TD
8	10:05	" "	0.67	MF
9	11:38	" "	0.65	KP
10	10:18	" "	0.5	MF
11	10:30	" "	0.87	MF
12	9:55	" "	0.7	KP
13	11:50am	" "	0.81	KP
14	10:32	" "	0.7	MF
15	9:32	" "	0.72	MF
16	9:25	" "	0.81	MF
17	10:08	" "	0.65	MF
18	1:00pm	" "	0.72	MF
19	1:25pm	" "	0.96	DB
20	4:37pm	" "	0.89	KP
21	11:10	" "	0.92	TD
22	10:00	" "	0.76	TD
23	12:03	" "	0.61	TD
24	11:37	" "	0.91	KP
25	12:30pm	" "	0.99	TD
26	10:40	" "	0.58	DB
27	1:45pm	" "	0.65	KP
28	1:55pm	" "	0.67	TD
29	12:00pm	" "	0.88	TD
30	2:35pm	" "	0.84	TD
31	12:24pm	" "	0.87	TD

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.

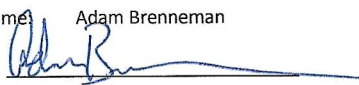
GWS Serving More Than 3,300

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: 6/4/2024

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes