

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

System Name: Cascadia Linn County Park

PWS ID# 4 1 91055

Month/Year June 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	11:56	Behind Day Use CXT	0.71	KP
2	9:10	" "	0.95	DB
3	10:40	" "	0.81	KP
4	1:25pm	" "	0.54	TD
5	1:32pm	" "	0.95	TD
6	2:25pm	" "	0.74	TD
7	1:30pm	" "	0.77	TD
8	5:35pm	" "	0.71	TD
9	9:28	" "	0.77	DB
10	10:15	" "	0.82	KP
11	1:38pm	" "	0.76	TD
12	3:22pm	" "	0.92	TD
13	1:15pm	" "	0.65	TD
14	3:58pm	" "	0.66	TD
15	3:30pm	" "	0.74	TD
16	2:54pm	" "	0.6	KP
17	1:24pm	" "	0.58	KP
18	11:20	" "	0.55	TD
19	10:00	" "	0.76	TD
20	11:22	" "	0.57	TD
21	12:07pm	" "	0.57	DB
22	6:16pm	" "	0.96	KP
23	2:21pm	" "	0.86	KP
24	10:45	" "	0.82	TD
25	10:23	" "	0.82	TD
26	10:00	" "	0.42	DB
27	1:45pm	" "	1.09	DB
28	9:50	" "	0.87	TD
29	9:27	" "	0.71	TD
30	10:35	" "	0.81	TD
31				

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: 04/02/2024

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes