

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 August 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	2:06pm	Behind Day Use CXT	0.82	KM
2	8:53	" "	0.96	DB
3	1:01pm	" "	0.83	KP
4	3:41pm	" "	0.64	KP
5	9:58	" "	0.83	DA
6	9:10	" "	0.43	DA
7	2:35pm	" "	0.95	KM
8	11:40	" "	0.92	KM
9	11:14	" "	0.72	DA
10	10:14	" "	0.68	DA
11	1:00pm	" "	0.75	DA
12	10:06	" "	0.68	DA
13	10:44	" "	0.71	DA
14	1:24pm	" "	0.74	KM
15	2:05pm	" "	0.92	KM
16	9:39	" "	0.68	DA
17	9:34	" "	0.9	DA
18	2:41pm	" "	0.84	DA
19	9:00	" "	0.77	DA
20	11:44	" "	0.87	DA
21	1:10pm	" "	0.5	KM
22	3:40pm	" "	0.83	KM
23	10:47	" "	0.81	DA
24	10:05	" "	0.59	DA
25	9:20	" "	0.64	DA
26	9:34	" "	0.63	DA
27	9:48	" "	0.83	DA
28	3:22pm	" "	0.6	KM
29	3:32pm	" "	0.77	KM
30	11:33	" "	0.71	DA
31	9:30	" "	0.62	DA

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 Brennehan

Signature: 

Date: 9/3/2024

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes