

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 October 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	12:30pm	Behind Day Use CXT	0.63	DD
2	12:00pm	" "	0.72	DD
3	4:30pm	" "	0.59	KP
4	12:55pm	" "	0.47	KP
5	2:30pm	" "	0.29	KP
6	9:20	" "	0.6	DB
7	2:10pm	" "	0.94	KP
8	8:53	" "	0.82	JR
9	9:05	" "	0.52	JR
10	4:17pm	" "	0.64	KP
11	9:30	" "	0.61	KP
12	12:15pm	" "	0.59	KP
13	9:03	" "	0.67	DB
14	4:00pm	" "	0.6	JR
15	12:37pm	" "	0.68	JR
16	8:42	" "	0.63	KP
17	12:01pm	" "	0.57	KP
18	11:40	" "	0.63	KP
19	1:42pm	" "	0.59	DD
20	11:04	" "	0.54	DB
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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.

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: 10/22/24

Small Groundwater System Yes