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

PWS ID# 41 91055 System Name: Cascadia Linn County Park Required Minimum Residual .2 mg/L **Pump House** Month/Year May 2025 Entry Point: Lowest free chlorine residual at entry Notes Source(s) in use Time Date point to distribution system (mg/L) KP 0.55 Behind Day Use CXT 5:13pm 1 KP 0.54 2 4:21pm DA 0.6 3 3:03pm KP 11 11 0.42 4 8:20 KP 0.21 5 4:05pm CE 11 11 0.34 6 2:25pm CE 0.29 7 1:40pm KP 0.24 8 4:18pm KP 0.22 4:00pm 9 KP Replaced Pump Tube (found leaking) 0.28 10 4:13pm DA 0.22 11 11 11 1:17pm KP 0.56 12 2:27pm CE 21 11 0.63 13 9:55 CE 11 13 0.52 10:05 14 DA 0.56 15 3:25pm KP 11 11 0.64 16 3:40pm KP 0.7 17 12:45pm KP 11 11 0.53 18 10:41 KP 0.87 19 3:17pm CE 11 11 0.89 20 9:45 CE 0.41 10:08 21 CE 16 11 0.37 22 9:53 DA Added 4C Chl to tank 0.27 23 10:35 KP 0.27 24 12:36pm KP 11 11 0.35 25 2:28pm KP Added 2C Chl to tank 0.38 26 10:47 CE 11 11 0.37 27 10:40 CE 0.4 28 9:51 DA 11 11 0.64 29 3:18pm DA 0.52 30 10:48 DA 11 11 31 X_{No} Was the chlorine residual ever less than the required minimum residual of .2 mg/L? _Yes hours - If > 4 hours, Drinking Water Program to be notified by end of next buisiness day. If yes, what was the longest time period until the required level was restored? **GWS Serving More Than 3,300 GWS Serving 3,300 or Fewer** Did continous monitoring equipment fail at any time this reporting month? ___Yes XNo If yes, did you monitor every four hours until the residual If yes, were grab samples collected every four hours until the continuous monitoring equipment was mg/L as required? ___Yes ___No returned to returned to service as required? ___Yes ___No Attach those results and submit them with this form. Attach grab samples results and submit them with this form. Operator Certification #: Adama Brenneman Title: Assistant Supervisor Printed Name OR Phone #: (541) 801-4767 Signature: Small Groundwater System Yes Date: 06/03/2025