

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

System Name: Cascadia Linn County Park

PWS ID# 41 91055

Month/Year June 2025

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	2:30pm	Behind Day Use CXT	0.26	DD
2	4pm	" "	0.36	DD
3	13:40	" "	0.41	DA
4	1:25pm	" "	0.29	DA
5	1:40pm	" "	0.36	DA
6	11:58	" "	0.4	DA
7	2:50pm	" "	0.26	KP
8	4:35pm	" "	0.27	KP
9	4:18pm	" "	0.21	CE
10	10:26	" "	0.41	DA
11	9:38	" "	0.5	DA
12	3:15pm	" "	0.45	DA
13	3:26pm	" "	0.38	DA
14	12:10pm	" "	0.37	KP
15	2:10pm	" "	0.34	KP
16	3:55pm	" "	0.44	KP
17	11:34	" "	0.47	DA
18	2pm	" "	0.39	DA
19	2:05pm	" "	0.54	DA
20	3:45pm	" "	0.42	DA
21	2:13pm	" "	0.54	DA
22	10:35	" "	0.95	KP
23	11:06	" "	0.34	KP
24	10:00	" "	0.39	DA
25	9:39	" "	0.27	DA
26	2:55pm	" "	0.47	DA
27	4:06pm	" "	0.47	DA
28	5:05pm	" "	0.38	DA
29	5:27pm	" "	0.27	KP
30	4:22pm	" "	0.28	KP
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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: 07/04/2025

Small Groundwater System Yes