

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 July 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	2:34pm	Behind Day Use CXT	0.54	DA
2	3:07pm	" "	0.44	DA
3	3:02pm	" "	0.34	DA
4	3:05pm	" "	0.34	DA
5	4pm	" "	0.52	DA
6	3:40pm	" "	0.42	KP
7	3:21pm	" "	0.36	KP
8	9:05	" "	0.35	DA
9	10:06	" "	0.52	DA
10	12:47pm	" "	0.32	DA
11	11:47	" "	0.29	DA
12	10:33	" "	0.55	DA
13	3:45pm	" "	0.47	KP
14	3:35pm	" "	0.25	KP
15	9:50	" "	0.25	CE
16	11:25	" "	0.24	CE
17	2:46pm	" "	0.43	DA
18	3:18pm	" "	0.52	DA
19	3:11pm	" "	0.49	DA
20	2:45pm	" "	0.5	DD
21	2:04pm	" "	0.47	DD
22	4:08pm	" "	0.36	DA
23	2:18pm	" "	0.51	DA
24	2:50pm	" "	0.31	DA
25	11:45	" "	0.47	DA
26	2:30pm	" "	0.45	DA
27	1:30pm	" "	0.49	KP
28	12:05pm	" "	0.56	KP
29	3:58pm	" "	0.58	DA
30	4:02pm	" "	0.52	DA
31	3:24pm	" "	0.42	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 Brenneman

Title: Assistant Supervisor

Operator Certification #:

Signature: 

Phone #: (541) 801-4767

OR

Date: 08/01/2025

Small Groundwater System Yes