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 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	8:50	Behind Day Use CXT	0.53	DA
2	10:36	" "	0.54	DA
3	4:15pm	" "	0.47	KP
4	3:17pm	" "	0.29	KP
5	3:25pm	" "	0.4	DA
6	2:50pm	" "	0.42	DA
7	3:10pm	" "	0.44	DA
8	3:00pm	" "	0.45	DA
9	11:52	" "	0.46	DA
10	3:55pm	" "	0.45	KP
11	10:58	" "	0.69	KP
12	12:49pm	" "	0.54	DA
13	3:05pm	" "	0.55	DA
14	12:04pm	" "	0.44	DA
15	1:48pm	" "	0.46	CE
16	2:48pm	" "	0.42	KP
17	3:00pm	" "	0.32	KP
18	1:27pm	" "	0.44	CE
19	10:21	" "	0.46	CE
20	10:16	" "	0.38	CE
21	1:48pm	" "	0.44	CE
22	11:23	" "	0.46	CE
23	12:12pm	" "	0.62	KP
24	3:17pm	" "	0.61	KP
25	2:42pm	" "	0.65	CE
26	10:24	" "	0.39	CE
27	9:58	" "	0.34	CE
28	10:38	" "	0.49	CE
29	10:35	" "	0.5	CE
30	10:52	" "	0.63	KP
31	3:45pm	" "	0.61	KP

Was the chlorine residual ever less than the required minimum residual of .2 mg/L? ___Yes X 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 buisiness 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 continous monitoring equipment fail at any time this reporting month? ___Yes X 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

Signature: Adam Brenneman

Date: 9 /2 /2025

Title: Assistant Supervisor

Phone #: (541) 801-4767

Operator Certification #:

OR

Small Groundwater System Yes