

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 September 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	4:22pm	Behind Day Use CXT	0.23	KP
2	10:51	" "	0.58	CE
3	9:33	" "	0.4	CE
4	9:55	" "	0.36	CE
5	10:52	" "	0.45	CE
6	8:15	" "	0.42	DD
7	2:45pm	" "	0.48	KP
8	2:10pm	" "	0.53	KP
9	11:18	" "	0.51	DD
10	9:05	" "	0.54	DD
11	3:15pm	" "	0.58	KP
12	4:05pm	" "	0.57	KP
13	9:31	" "	0.6	KP
14	2:19pm	" "	0.59	KP
15	4:48pm	" "	0.61	KP
16	1:25pm	" "	0.6	DD
17	11:15	" "	0.59	DD
18	12:39pm	" "	0.6	KP
19	4:05pm	" "	0.63	KP
20	8:01	" "	0.65	DD
21	9:13	" "	0.61	DD
22	4:05pm	" "	0.59	KP
23	9:45	" "	0.62	KP
24	2:45pm	" "	0.6	KP
25	9:15	" "	0.57	KP
26	5:10pm	" "	0.52	KP
27	9:01	" "	0.57	DD
28	8:34	" "	0.61	DD
29	2:58pm	" "	0.64	KP
30	2:04pm	" "	0.62	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

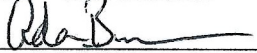
If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

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: 10/06/2025

Small Groundwater System Yes