

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

System Name    OPRD Cove Park - Deschutes

PWS ID#    4 1 91036

Month/Year    07/2022

Entry Point:

Required Minimum Residual    .5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	7:30am	AA-Well#1	.87	Taken at shop
2	7:30 am	AA-Well#1	.93	Taken at shop
3	7:45 am	AA-Well#1	.77	Taken at shop
4	8 am	AA-Well#1	.85	Taken at shop
5	8 am	AA-Well#1	.93	Taken at shop
6	8:15am	AA-Well#1	.89	Taken at shop
7	7:50am	AA-Well#1	.90	Taken at shop
8	7:15am	AA-Well#1	.56	Taken at shop
9	7:15am	AA-Well#1	.72	Taken at shop
10	1:30pm	AA-Well#1	.82	Taken at shop
11	1:00pm	AA-Well#1	.76	Taken at shop
12	1:30pm	AA-Well#1	.67	Taken at shop
13	8:00am	AA-Well#1	.60	Taken at shop
14	8:00am	AA-Well#1	.82	Taken at shop
15	7:35am	AA-Well#1	.59	Taken at shop
16	8:00am	AA-Well#1	.74	Taken at shop
17	7:40am	AA-Well#1	.69	Taken at shop
18	7:35am	AA-Well#1	.67	Taken at shop
19	8:50am	AA-Well#1	.68	Taken at shop
20	7:42am	AA-Well#1	.75	Taken at shop
21	7:45am	AA-Well#1	.85	Taken at shop
22	8:50am	AA-Well#1	.54	Taken at shop
23	7:40am	AA-Well#1	.56	Taken at shop
24	1:30pm	AA-Well#1	.57	Taken at shop
25	1:40pm	AA-Well#1	.57	Taken at shop
26	1:00pm	AA-Well#1	.56	Taken at shop
27	9am	AA-Well#1	.74	Taken at shop
28	8:22am	AA-Well#1	.53	Taken at shop
29	9:30am	AA-Well#1	.69	Taken at shop
30	2pm	AA-Well#1	.94	Taken at shop
31	7:45am	AA-Well#1	.74	Taken at shop

Was the chlorine residual ever less than the required minimum residual of 0.5 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	GWS Serving More Than 3,300	
If yes, did you monitor every four hours until the residual returned to _____ mg/L as required? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Attach those results and submit them with this form.</i>	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: /    /  Date it was returned to service: /    /

Printed Name: <u>Sharlyn Longoria</u> Signature: <u>Sharlyn Longoria</u> Date: <u>8/4/22</u>	Title: <u>Park Specialist</u> Phone #: (541) 546-3412	Operator Certification #:  OR Small Groundwater System X
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694;  
 or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.