

**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                      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	4:30PM	AA-Well#1	.63	Taken at shop
2	9:00AM	AA-Well#1	.66	Taken at shop
3	3:40PM	AA-Well#1	.61	Taken at shop
4	7:40AM	AA-Well#1	.50	Taken at shop
5	2:30PM	AA-Well#1	.68	Taken at shop
6	8:45AM	AA-Well#1	.63	Taken at shop
7	9:00AM	AA-Well#1	.57	Taken at shop
8	8:30AM	AA-Well#1	.53	Taken at shop
9	7:35AM	AA-Well#1	.61	Taken at shop
10	8:30AM	AA-Well#1	.92	Taken at shop
11	9:00AM	AA-Well#1	.79	Taken at shop
12	8:00AM	AA-Well#1	.78	Taken at shop
13	10AM	AA-Well#1	.60	Taken at shop
14	12PM	AA-Well#1	.68	Taken at shop
15	8:00AM	AA-Well#1	.79	Taken at shop
16	7:45AM	AA-Well#1	.64	Taken at shop
17	8:45AM	AA-Well#1	.66	Taken at shop
18	8:00AM	AA-Well#1	.63	Taken at shop
19	8:20AM	AA-Well#1	.59	Taken at shop
20	7:40AM	AA-Well#1	.63	Taken at shop
21	7:40AM	AA-Well#1	.59	Taken at shop
22	8:30AM	AA-Well#1	.69	Taken at shop
23	9:00AM	AA-Well#1	.61	Taken at shop
24	8:00AM	AA-Well#1	.67	Taken at shop
25	2:00PM	AA-Well#1	.60	Taken at shop
26	8:00AM	AA-Well#1	.61	Taken at shop
27	9:00AM	AA-Well#1	.56	Taken at shop
28	7:40AM	AA-Well#1	.55	Taken at shop
29	9:20AM	AA-Well#1	.51	Taken at shop
30	9:30AM	AA-Well#1	.54	Taken at shop
31	9:00AM	AA-Well#1	.54	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.

<p><b>GWS Serving 3,300 or Fewer</b></p> <p>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</p> <p><i>Attach those results and submit them with this form.</i></p>	<p><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>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</p> <p><i>Attach grab sample results and submit them with this form.</i></p>	<p>Date continuous monitoring equipment failed:</p> <p align="center">/    /</p> <p>Date it was returned to service:</p> <p align="center">/    /</p>
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Printed Name: SHARLYN LONGORIA

Title: PARK SPECIALIST

Operator Certification #:

Signature: Sharlyn Longoria

Phone #: (541) 546-3412

OR

Date: 11/03/2022

Small Groundwater System X

**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.**