## 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 DEC. 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	8:30AM	AA-Well#1		.54	Taken at sh	ор
2	8:30AM	AA-Well#1		.50	Taken at shop	
3	12 PM	AA-Well#1		.52	Taken at shop	
4	9:30AM	AA-Well#1		.55	Taken at shop	
5	12PM	AA-Well#1		.62	Taken at shop	
6	9:00AM	AA-Well#1		.60	Taken at shop	
7	9:30AM	AA-Well#1		.63	Taken at shop	
8	9 AM	AA-Well#1		.76	Taken at shop	
9	9 AM	AA-Well#1		.78	Taken at shop	
10	9:45AM	AA-Well#1		.56	Taken at shop	
11	8:30AM	AA-Well#1		.70	Taken at shop	
12	9:30AM	AA-Well#1		.56	Taken at shop	
13	10 AM	AA-Well#1		.65	Taken at shop	
14	9 AM	AA-Well#1		.55	Taken at shop	
15	8:30AM	AA-Well#1		.50	Taken at shop	
16	10 AM	AA-Well#1		.60	Taken at shop	
17	9 AM	AA-Well#1		.55	Taken at shop	
18	12 PM	AA-Well#1		.56	Taken at shop	
19	9:45 AM	AA-Well#1		.54	Taken at shop	
20	3:30 PM	AA-Well#1		.51	Taken at shop	
21	9:30 AM	AA-Well#1		.64	Taken at shop	
22	8:30 AM	AA-Well#1		.50	Taken at shop	
23	8:30 AM	AA-Well#1		.55	Taken at shop	
24	9:30 AM	AA-Well#1		.50	Taken at shop	
25	9:00 AM	AA-Well#1		.51	Taken at shop	
26	9:30AM	AA-Well#1		.50	Taken at shop	
27	10 AM	AA-Well#1		.59	Taken at shop	
28	9:30AM	AA-Well#1		.67	Taken at shop	
29	9:00 AM	AA-Well#1		.72	Taken at shop	
30	9 AM	AA-Well#1		.59	Taken at shop	
31	3 AIVI	AA-Well#1		.55	Taken at shop	
Was the chlorine residual ever less than the required minimum residual of 0.5 mg/L? Yes X No						
If yes, what was the longest time period until the required level was restored? hours – <u>If &gt; 4 hours, Drinking Water Program to be</u> notified by end of next business day.						
GWS Serving 3,300 or Fewer				GWS Serving More Than 3,3		I am a
				Did continuous monitoring equipment fail at any time this		Date continuous monitoring
until the residual returned to mg/L as required? Yes No  Attach those results and submit them with this form.			reporting month?  Yes  No  If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?  No		equipment failed:	
					1 1	
					Date it was returned to	
					service:	
			Attach grab sample results and submit them w		with this form.	
Printed Name: SHARLYN LONGORIA Title: PARK SPECIALIST Operator Certification #:						r Certification #:
Signature: Sharlyn long War Phone #: (541) 546-3412 OR						
Cignatars.						
Date: 12/02/2022 Small Groundwater System X						