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 12/2022 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	9AM	AA-Well#1		.51	Taken at shop		
2	9AM	AA-Well#1		.59	Taken at shop		
3	9AM	AA-Well#1		.66	Taken at shop		
4	9AM	AA-Well#1		.76	Taken at shop		
5	9AM	AA-Well#1		.56	Taken at shop		
6	9:30AM	AA-Well#1		.64	Taken at shop		
7	9AM	AA-Well#1		.52	Taken at shop		
8	9AM	AA-Well#1		.50	Taken at shop		
9	10AM	AA-Well#1		.60	Taken at shop		
10	9AM	AA-Well#1		.70	Taken at shop		
11	9AM	AA-Well#1		.55	Taken at shop		
12	9AM	AA-Well#1		.56	Taken at shop		
13	9AM	AA-Well#1		.68	Taken at shop		
14	10AM	AA-Well#1		.58	Taken at shop		
15	2PM	AA-Well#1		.56	Taken at shop		
16	8:45AM	AA-Well#1		.55	Taken at shop		
17	9:20AM	AA-Well#1		.55	Taken at shop		
18	2PM	AA-Well#1		.55	Taken at shop		
19	10AM	AA-Well#1		.62	Taken at shop		
20	9AM	AA-Well#1		.51	Taken at shop		
21	9AM	AA-Well#1		.60	Taken at shop		
22	11AM	AA-Well#1		.59	Taken at shop		
23	4:30PM	AA-Well#1		.53	Taken at shop		
24	9AM	AA-Well#1		.55	Taken at shop		
25	9AM	AA-Well#1		.60	Taken at shop		
26	10AM	AA-Well#1		.56	Taken at shop		
27	9:30AM	AA-Well#1		.56	Taken at shop		
28	9AM	AA-Well#1		.53	Taken at shop		
29	10AM	AA-Well#1		.51	Taken at shop		
30	9AM	AA-Well#1		.50	Taken at shop		
31	9AM	AA-Well#1 .		.54	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 – 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							
					1,45	Date continuous monitoring	
until the residual returned to mg/L rep				Did continuous monitoring equipment fail at any time the reporting month? Yes No If yes, were grab samples collected every four hours u		equipment failed:	
						1 1	
			continuous monitoring equipment was returned to service as		Date it was returned to		
this form.			required? Yes No		service:		
			Attach grab sample results and submit them with this		with this form.	1 1	
Printed Name: SHARLYN LONGORIA Title: PARK SPECIALIST Operator Certification #:							
Signature: Sharly long ore Phone #: (541) 546-3412						OR	
0 0							
Date: 01/03/2022 Small Groundwater System X							