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 Jan/2023 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	12PM	AA-Well#1	.51	Taken at shop
2	9AM	AA-Well#1	.57	Taken at shop
3	2PM	AA-Well#1	.53	Taken at shop
4	2PM	AA-Well#1	.53	Taken at shop
5	9:30AM	AA-Well#1	.50	Taken at shop
6	9AM	AA-Well#1	.51	Taken at shop
7	9AM	AA-Well#1	.55	Taken at shop
8	11:30A	AA-Well#1	.50	Taken at shop
9	2PM	AA-Well#1	.61	Taken at shop
10	9AM	AA-Well#1	.59	Taken at shop
11	9AM	AA-Well#1	.50	Taken at shop
12	10:30A	AA-Well#1	.60	Taken at shop
13	10AM	AA-Well#1	.63	Taken at shop
14	9AM	AA-Well#1	.72	Taken at shop
15	11AM	AA-Well#1	.50	Taken at shop
16	2PM	AA-Well#1	.50	Taken at shop
17	9:30AM	AA-Well#1	.64	Taken at shop
18	9AM	AA-Well#1	.76	Taken at shop
19	10AM	AA-Well#1	.70	Taken at shop
20	9AM	AA-Well#1	.53	Taken at shop
21	9AM	AA-Well#1	.77	Taken at shop
22	9AM	AA-Well#1	.68	Taken at shop
23	9:30AM	AA-Well#1	.69	Taken at shop
24	9AM	AA-Well#1	.67	Taken at shop
25	3PM	AA-Well#1	.73	Taken at shop
26	9AM	AA-Well#1	.79	Taken at shop
27	1PM	AA-Well#1	.63	Taken at shop
28	9:30AM	AA-Well#1	.67	Taken at shop
29	9:30AM	AA-Well#1	.73	Taken at shop
30	9:30AM	AA-Well#1	.61	Taken at shop
31	9AM	AA-Well#1	.53	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

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 sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: SHARLYN LONGORIA Title: PARK SPECIALIST

Signature: Sharlyn Longoria Phone #: (541) 546-3412

Date: 02/01/2023

Operator Certification #:

OR

Small Groundwater System X

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.

August 22, 2019