

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	9AM	AA-Well#1	.53	Taken at shop
2	9AM	AA-Well#1	.58	Taken at shop
3	9AM	AA-Well#1	.51	Taken at shop
4	9AM	AA-Well#1	.55	Taken at shop
5	10AM	AA-Well#1	.51	Taken at shop
6	9:30AM	AA-Well#1	2.40	Taken at shop
7	9:30AM	AA-Well#1	.65	Taken at shop
8	9:30AM	AA-Well#1	.51	Taken at shop
9	10AM	AA-Well#1	.57	Taken at shop
10	8:30AM	AA-Well#1	.57	Taken at shop
11	8:40AM	AA-Well#1	.76	Taken at shop
12	8:40AM	AA-Well#1	.84	Taken at shop
13	8:45AM	AA-Well#1	.81	Taken at shop
14	8:45AM	AA-Well#1	.75	Taken at shop
15	8:34AM	AA-Well#1	1.08	Taken at shop
16	1PM	AA-Well#1	1.33	Taken at shop
17	10AM	AA-Well#1	1.04	Taken at shop
18	10AM	AA-Well#1	1.23	Taken at shop
19	10AM	AA-Well#1	1.12	Taken at shop
20	10AM	AA-Well#1	.65	Taken at shop
21	9AM	AA-Well#1	.96	Taken at shop
22	9AM	AA-Well#1	.96	Taken at shop
23	9:30AM	AA-Well#1	.98	Taken at shop
24	9:50AM	AA-Well#1	.99	Taken at shop
25	8:30AM	AA-Well#1	.82	Taken at shop
26	8:30AM	AA-Well#1	.92	Taken at shop
27	9AM	AA-Well#1	.86	Taken at shop
28	9:20AM	AA-Well#1	.76	Taken at shop
29	9:30AM	AA-Well#1	1.04	Taken at shop
30	10AM	AA-Well#1	.77	Taken at shop
31	8:55AM	AA-Well#1	.86	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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>Date it was returned to service: / /</p>
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Printed Name: SHARLYN LONGORIA Signature: <u>Sharlyn Longoria</u> Date: 4/03/2023	Title: PARK SPECIALIST Phone #: (541) 546-3412	Operator Certification #: OR Small Groundwater System X
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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.