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 APRIL 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	9AM	AA-Well#1		1.15	Taken at shop		
2	8:15AM	AA-Well#1		1.14	Taken at shop		
3	9AM	AA-Well#1		.86	Taken at shop		
4	9:15AM	AA-Well#1		1.04	Taken at sh		
5	9:30AM	AA-Well#1		1.12	Taken at sh		
6	9:15AM	AA-Well#1		.64	Taken at sh		
7	10AM	AA-Well#1		1.07	Taken at sh		
8	1:30PM	AA-Well#1		1.02	Taken at sh		
9	8:35AM	AA-Well#1		.75	Taken at sh		
10	9AM	AA-Well#1		.72	Taken at sh		
11	9AM	AA-Well#1		.88	Taken at shop		
12	9:10AM	AA-Well#1		.65	Taken at sh		
13	9AM	AA-Well#1		.85	Taken at shop		
14	9AM	AA-Well#1		.99	Taken at shop		
15	9AM	AA-Well#1		1.03	Taken at shop		
16	10:30A	AA-Well#1		.89	Taken at shop		
17	9AM	AA-Well#1		.87	Taken at shop		
18	8AM	AA-Well#1		1.17	Taken at shop		
19		AA-Well#1				•	
	10AM			1.07	Taken at sh		
20	9AM	AA-Well#1		1.11	Taken at shop		
21	8:50AM	AA-Well#1		1.0	Taken at shop		
22	10:30A	AA-Well#1		.65	Taken at shop		
23	10:30A	AA-Well#1		.84	Taken at shop		
24	9AM	AA-Well#1		1.04	Taken at shop		
25	9:30AM	AA-Well#1		.94	Taken at shop		
26	9AM	AA-Well#1		1.26	Taken at shop		
27	9AM	AA-Well#1		1.14	Taken at shop		
28	8:48AM	AA-Well#1		1.04	Taken at shop		
29	8:20AM	AA-Well#1		1.52	Taken at shop		
30	9AM	AA-Well#1		1.21	Taken at shop		
31	AA-Well#1 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							
If yes, did you monitor every four hours until the residual returned to mg/L as required?			Did continuous monitoring equipment fail at any tir		200	Date continuous monitoring equipment failed:	
			reporting month? Yes No			equipment falled.	
			If yes, were grab samples collected every four hours until the			Data it was returned to	
Attach those results and submit them with this form.			continuous monitoring equipment was returned to serving required?		ed to service as	Date it was returned to service:	
uno IUIII.					with this forms	J I	
Attach grab sample results and submit them with this form.							
Printed N	Printed Name: SHARLYN LONGORIA Title: PARK SPECIALIST					Operator Certification #:	
Signature: Shary Longoria Phone #: (541) 546-3412					OR		
	Date: 05/05/2023					Small Groundwater System X	