

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name OPRD Cove Park - Deschutes  
Month/Year May/2023

PWS ID# 4 1 91036

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	8:45AM	AA-Well#1	.79	Taken at shop
2	8:30AM	AA-Well#1	1.09	Taken at shop
3	9AM	AA-Well#1	1.12	Taken at shop
4	8:30AM	AA-Well#1	.95	Taken at shop
5	8:30AM	AA-Well#1	.99	Taken at shop
6	9AM	AA-Well#1	.82	Taken at shop
7	10AM	AA-Well#1	.63	Taken at shop
8	7:40AM	AA-Well#1	.99	Taken at shop
9	7:40AM	AA-Well#1	.76	Taken at shop
10	8:06AM	AA-Well#1	.81	Taken at shop
11	7:30AM	AA-Well#1	1.01	Taken at shop
12	7:30AM	AA-Well#1	.87	Taken at shop
13	7:30AM	AA-Well#1	.76	Taken at shop
14	9AM	AA-Well#1	1.01	Taken at shop
15	7:30AM	AA-Well#1	.76	Taken at shop
16	7:36AM	AA-Well#1	.63	Taken at shop
17	7:35AM	AA-Well#1	.89	Taken at shop
18	10AM	AA-Well#1	1.9	Taken at shop
19	7:34AM	AA-Well#1	.88	Taken at shop
20	8:05AM	AA-Well#1	.93	Taken at shop
21	9AM	AA-Well#1	.83	Taken at shop
22	8AM	AA-Well#1	.99	Taken at shop
23	7:30AM	AA-Well#1	.89	Taken at shop
24	8AM	AA-Well#1	1.12	Taken at shop
25	8AM	AA-Well#1	.85	Taken at shop
26	7:45AM	AA-Well#1	1.01	Taken at shop
27	3:45PM	AA-Well#1	.98	Taken at shop
28	3PM	AA-Well#1	.71	Taken at shop
29	3PM	AA-Well#1	.89	Taken at shop
30	8AM	AA-Well#1	.92	Taken at shop
31	7:50AM	AA-Well#1	.97	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><b>GWS Serving 3,300 or Fewer</b></p> <p><i>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</i></p> <p><i>Attach those results and submit them with this form.</i></p>	<p align="center"><b>GWS Serving More Than 3,300</b></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>

Printed Name: SHARLYN LONGORIA	Title: PARK SPECIALIST	Operator Certification #:
Signature: 	Phone #: (541) 546-3412	OR
Date: 6/01/2023		Small Groundwater System X