

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

System Name OPRD Cove Park - Deschutes
 AUGUST
 Month/Year 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	7:35AM	AA-Well#1	.92	Taken at shop
2	8AM	AA-Well#1	.95	Taken at shop
3	7:50AM	AA-Well#1	1.11	Taken at shop
4	8AM	AA-Well#1	1.20	Taken at shop
5	7:30AM	AA-Well#1	.97	Taken at shop
6	9AM	AA-Well#1	.52	Taken at shop
7	11AM	AA-Well#1	.62	Taken at shop
8	8AM	AA-Well#1	.58	Taken at shop
9	8:30AM	AA-Well#1	.69	Taken at shop
10	9:30AM	AA-Well#1	.56	Taken at shop
11	11AM	AA-Well#1	.57	Taken at shop
12	7:35AM	AA-Well#1	.69	Taken at shop
13	8AM	AA-Well#1	.70	Taken at shop
14	8AM	AA-Well#1	.74	Taken at shop
15	8AM	AA-Well#1	.69	Taken at shop
16	8AM	AA-Well#1	.71	Taken at shop
17	8AM	AA-Well#1	.58	Taken at shop
18	7:30AM	AA-Well#1	.57	Taken at shop
19	8AM	AA-Well#1	.79	Taken at shop
20	8AM	AA-Well#1	.68	Taken at shop
21	8AM	AA-Well#1	.91	Taken at shop
22	2:30PM	AA-Well#1	.89	Taken at shop
23	8:30AM	AA-Well#1	.64	Taken at shop
24	8:30AM	AA-Well#1	.67	Taken at shop
25	8AM	AA-Well#1	.54	Taken at shop
26	8AM	AA-Well#1	.84	Taken at shop
27	7:45AM	AA-Well#1	.94	Taken at shop
28	7:30AM	AA-Well#1	.96	Taken at shop
29	12PM	AA-Well#1	1.11	Taken at shop
30	7AM	AA-Well#1	.99	Taken at shop
31	9AM	AA-Well#1	.95	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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 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

Operator Certification #:

Signature: Sharlyn Longoria

Phone #: (541) 546-3412

OR

Date: 09/05/2023

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.