

**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 Sept/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	8AM	AA-Well#1	.87	Taken at shop
2	7:45AM	AA-Well#1	.66	Taken at shop
3	7:55AM	AA-Well#1	.90	Taken at shop
4	7:30AM	AA-Well#1	.90	Taken at shop
5	7:45AM	AA-Well#1	.79	Taken at shop
6	8:20AM	AA-Well#1	.80	Taken at shop
7	8:15AM	AA-Well#1	.88	Taken at shop
8	8:03AM	AA-Well#1	.82	Taken at shop
9	7:57AM	AA-Well#1	1.11	Taken at shop
10	7:40AM	AA-Well#1	.75	Taken at shop
11	8AM	AA-Well#1	.75	Taken at shop
12	7:55AM	AA-Well#1	.59	Taken at shop
13	8AM	AA-Well#1	.85	Taken at shop
14	7:47AM	AA-Well#1	1.02	Taken at shop
15	8AM	AA-Well#1	.87	Taken at shop
16	8AM	AA-Well#1	.91	Taken at shop
17	7:45AM	AA-Well#1	.81	Taken at shop
18	7:40AM	AA-Well#1	.57	Taken at shop
19	7:45AM	AA-Well#1	.57	Taken at shop
20	8:30AM	AA-Well#1	.67	Taken at shop
21	8:30AM	AA-Well#1	.85	Taken at shop
22	8:05AM	AA-Well#1	.83	Taken at shop
23	7:46AM	AA-Well#1	.62	Taken at shop
24	7:45AM	AA-Well#1	.51	Taken at shop
25	7:50AM	AA-Well#1	.56	Taken at shop
26	8:06AM	AA-Well#1	.59	Taken at shop
27	8AM	AA-Well#1	.52	Taken at shop
28	8AM	AA-Well#1	.62	Taken at shop
29	8:20AM	AA-Well#1	.59	Taken at shop
30	1040AM	AA-Well#1	.50	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 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 align="center">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>

Printed Name: SHARLYN LONGORIA	Title: PARK SPECIALIST	Operator Certification #:
Signature: <u>Sharlyn Longoria</u>	Phone #: (541) 546-3412	OR
Date: 10/02/2023		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.