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 Oct. 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		.53	Taken at shop	
2	8:15AM	AA-Well#1		.50	Taken at shop	
3	6:30PM	AA-Well#1		.50	Taken at shop	
4	6PM	AA-Well#1		.58	Taken at shop	
5	9AM	AA-Well#1		.51	Taken at sh	юр
6	9:30AM	AA-Well#1		.57	Taken at sh	юр
7	10:30A	AA-Well#1		.56	Taken at sh	
8	11AM	AA-Well#1		.59	Taken at sh	nop
9	2PM	AA-Well#1		.51	Taken at sh	
10	9AM	AA-Well#1		.97	Taken at sh	
11	9AM	AA-Well#1		.89	Taken at shop	
12	9AM	AA-Well#1		.59	Taken at shop	
13	9AM	AA-Well#1		.64	Taken at shop	
14	9AM	AA-Well#1		.65	Taken at shop	
15	9:15AM	AA-Well#1		.51	Taken at shop	
16	9AM	AA-Well#1		.55	Taken at shop	
17	11AM	AA-Well#1		.55	Taken at shop	
18	9AM	AA-Well#1		.54	Taken at shop	
19	9:30AM	AA-Well#1		.59	Taken at shop	
20	9:20AM	AA-Well#1		.60	Taken at shop	
21	5:50PM	AA-Well#1		.72	Taken at shop	
22	9AM	AA-Well#1		.55	Taken at shop	
23	9AM	AA-Well#1		.53	Taken at shop	
24	9AM	AA-Well#1		.50	Taken at shop	
25	9AM	AA-Well#1		.54	Taken at shop	
26	9:30AM	AA-Well#1		.55	Taken at shop	
27	9:30AM	AA-Well#1		.50	Taken at shop	
28	9:50AM	AA-Well#1		.52	Taken at shop	
29	6PM	AA-Well#1		.59	Taken at shop	
30	10AM	AA-Well#1		.51	Taken at shop	
31	10AM	AA-Well#1		.52	Taken at sh	
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			Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No		Date continuous monitoring equipment failed:	
as required? Yes No			If yes, were grab samples collected every four hours until the		1 1	
Attach those results and submit them with			continuous monitoring equipment was returned to service a			Date it was returned to
this form.			required? Yes No		service:	
			Attach grab sample results and submit them with this is		vith this form.	1 1
Printed Name: SHARLYN LONGORIA Title: PARK SPECIALIST Operator Certification #:						r Certification #:
Signature: Phone #: (541) 546-3412 OR						OR
Date: 11/02/2023					Small Groundwater System X	
Date. 17/02/2020						