

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

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

PWS ID# 41 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	9AM	AA-Well#1	.52	Taken at shop
2	10AM	AA-Well#1	.53	Taken at shop
3	9AM	AA-Well#1	.51	Taken at shop
4	4:30PM	AA-Well#1	.50	Taken at shop
5	9:30AM	AA-Well#1	.50	Taken at shop
6	8:30AM	AA-Well#1	.57	Taken at shop
7	8:30AM	AA-Well#1	.89	Taken at shop
8	9AM	AA-Well#1	1.25	Taken at shop
9	10AM	AA-Well#1	1.02	Taken at shop
10	9AM	AA-Well#1	.87	Taken at shop
11	9AM	AA-Well#1	.94	Taken at shop
12	3:30PM	AA-Well#1	.64	Taken at shop
13	4:30PM	AA-Well#1	.85	Taken at shop
14	9:30PM	AA-Well#1	1.01	Taken at shop
15	10AM	AA-Well#1	.89	Taken at shop
16	9:30AM	AA-Well#1	.73	Taken at shop
17	1:30PM	AA-Well#1	.58	Taken at shop
18	9AM	AA-Well#1	.78	Taken at shop
19	9AM	AA-Well#1	.89	Taken at shop
20	9:30AM	AA-Well#1	.93	Taken at shop
21	9:30AM	AA-Well#1	.92	Taken at shop
22	9:30AM	AA-Well#1	.98	Taken at shop
23	8:30AM	AA-Well#1	1.01	Taken at shop
24	8AM	AA-Well#1	.98	Taken at shop
25	9AM	AA-Well#1	.64	Taken at shop
26	9AM	AA-Well#1	.95	Taken at shop
27	9:45AM	AA-Well#1	.87	Taken at shop
28	11AM	AA-Well#1	.91	Taken at shop
29	11AM	AA-Well#1	.99	Taken at shop
30	9AM	AA-Well#1	.76	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.

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: 12/01/2023

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.