

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    JAN. 2024    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	.57	Taken at shop
2	9AM	AA-Well#1	.86	Taken at shop
3	8:30AM	AA-Well#1	.76	Taken at shop
4	8AM	AA-Well#1	.80	Taken at shop
5	9AM	AA-Well#1	.80	Taken at shop
6	9AM	AA-Well#1	.76	Taken at shop
7	9AM	AA-Well#1	.60	Taken at shop
8	9AM	AA-Well#1	.74	Taken at shop
9	9AM	AA-Well#1	.62	Taken at shop
10	9:45AM	AA-Well#1	.70	Taken at shop
11	8:10AM	AA-Well#1	.62	Taken at shop
12	9AM	AA-Well#1	.63	Taken at shop
13	9AM	AA-Well#1	.53	Taken at shop
14	11AM	AA-Well#1	.57	Taken at shop
15	2PM	AA-Well#1	.64	Taken at shop
16	4PM	AA-Well#1	.67	Taken at shop
17	9:30AM	AA-Well#1	.60	Taken at shop
18	9AM	AA-Well#1	.68	Taken at shop
19	9AM	AA-Well#1	.78	Taken at shop
20	10:30A	AA-Well#1	.80	Taken at shop
21	9AM	AA-Well#1	.76	Taken at shop
22	9AM	AA-Well#1	.70	Taken at shop
23	930AM	AA-Well#1	.67	Taken at shop
24	11AM	AA-Well#1	.89	Taken at shop
25	10AM	AA-Well#1	.69	Taken at shop
26	9AM	AA-Well#1	.64	Taken at shop
27	1PM	AA-Well#1	.52	Taken at shop
28	9AM	AA-Well#1	.55	Taken at shop
29	9AM	AA-Well#1	.52	Taken at shop
30	9AM	AA-Well#1	.55	Taken at shop
31	9AM	AA-Well#1	.56	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  <i>Attach those results and submit them with this form.</i>	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  <i>Attach grab sample results and submit them with this form.</i>	Date continuous monitoring equipment failed: /    /  Date it was returned to service: /    /

Printed Name: SHARLYN LONGORIA Signature: <u>Sharlyn Longoria</u> Date: 02/01/2023	Title: PARK SPECIALIST Phone #: (541) 546-3412	Operator Certification #:  OR Small Groundwater System X
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Return by 10<sup>th</sup> of following month by either email [dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.