

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

System Name    OPRD Cove Park - Deschutes  
 Month/Year  
 February  
 2024

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	9AM	AA-Well#1	.60	Taken at shop
2	9AM	AA-Well#1	.64	Taken at shop
3	9AM	AA-Well#1	.55	Taken at shop
4	9AM	AA-Well#1	.59	Taken at shop
5	9AM	AA-Well#1	.79	Taken at shop
6	1PM	AA-Well#1	.80	Taken at shop
7	9:30AM	AA-Well#1	.73	Taken at shop
8	1:45PM	AA-Well#1	.92	Taken at shop
9	10AM	AA-Well#1	.87	Taken at shop
10	9:30AM	AA-Well#1	.83	Taken at shop
11	9:30AM	AA-Well#1	.54	Taken at shop
12	9AM	AA-Well#1	.80	Taken at shop
13	9AM	AA-Well#1	.82	Taken at shop
14	9AM	AA-Well#1	.88	Taken at shop
15	11AM	AA-Well#1	.52	Taken at shop
16	9AM	AA-Well#1	.65	Taken at shop
17	9AM	AA-Well#1	.79	Taken at shop
18	9AM	AA-Well#1	.82	Taken at shop
19	10AM	AA-Well#1	.83	Taken at shop
20	11AM	AA-Well#1	.82	Taken at shop
21	10AM	AA-Well#1	.79	Taken at shop
22	9AM	AA-Well#1	.79	Taken at shop
23	9AM	AA-Well#1	.75	Taken at shop
24	9AM	AA-Well#1	.78	Taken at shop
25	9AM	AA-Well#1	.78	Taken at shop
26	9AM	AA-Well#1	.66	Taken at shop
27	9AM	AA-Well#1	.69	Taken at shop
28	9AM	AA-Well#1	1.05	Taken at shop
29	9:30AM	AA-Well#1	1.00	Taken at shop
30		AA-Well#1		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><b>GWS Serving 3,300 or Fewer</b></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 style="text-align: center;"><b>GWS Serving More Than 3,300</b></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 Signature: <u>Sharlyn Longoria</u> Date: 03/01/2024	Title: PARK SPECIALIST Phone #: (541) 546-3412	Operator Certification #: OR Small Groundwater System X
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