## 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 3/2024 Entry Point: Required Minimum Residual .5 mg						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		1.17	Taken at shop		
2	9AM	AA-Well#1		.90	Taken at shop		
3	9AM	AA-Well#1		1.15		Taken at shop	
4	3:30PM	AA-Well#1		.90		Taken at shop	
5	9AM	AA-Well#1		.71		Taken at shop	
6	9AM	AA-Well#1		.52		Taken at shop	
7	9:25AM	AA-Well#1		1.25	Taken at shop		
8	9:12AM	AA-Well#1		1.12	Taken at shop		
9	9AM	AA-Well#1		1.04		Taken at shop	
10	9AM	AA-Well#1		1.08	Taken at shop		
11	4:30PM	AA-Well#1		.95	Taken at shop		
12	4:45PM	AA-Well#1		1.06	Taken at shop		
13	9:30AM	AA-Well#1		.65	Taken at shop		
14	9AM	AA-Well#1		.92	Taken at shop		
15	9AM	AA-Well#1		.82	Taken at shop		
16	9:30AM	AA-Well#1		.78	Taken at shop		
17	9:30AM	AA-Well#1		.68	Taken at shop		
18	3:00PM	AA-Well#1		.69	Taken at shop		
19	9AM	AA-Well#1		.90	Taken at shop		
20	9AM	AA-Well#1		.75	Taken at shop		
21	9AM	AA-Well#1		.51	Taken at shop		
22	8:30AM	AA-Well#1		.67	Taken at shop		
23	9AM	AA-Well#1		.79	Taken at shop		
24	6:15PM	AA-Well#1		.57	Taken at shop		
25	12:40P	AA-Well#1		.55	Taken at shop		
26	10AM	AA-Well#1		.67	Taken at shop		
27	9AM	AA-Well#1		.63	Taken at shop		
28	9AM	AA-Well#1		1.30	Taken at shop		
29	9AM	AA-Well#1		1.40	Taken at shop		
30	9AM	AA-Well#1		1.06	Taken at shop		
31	9AM	AA-Well#1		1.41	Taken at sh	ор	
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							
						Date continuous monitoring	
If yes, did you monitor every four hours until the residual returned to mg/L as required?					ily ullie ulls	equipment failed:	
			reporting month? Yes No			1 1	
Attach those results and submit them with			If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as			Date it was returned to	
this for		anu subiliil liiem Will	required? Yes No		service:		
			Attach grab sample results and submit them with this form.			1 1	
Printed Name: SHARLYN LONGORIA Title: PARK SPECIALIST Operator Certification						r Certification #:	
Signature: Thartyn longorus Phone #: (541) 546-3412						OR	
Date: 04/01/2024					Small Groundwater System X		