

**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	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	10AM	AA-Well#1	1.35	Taken at shop
2	11AM	AA-Well#1	1.29	Taken at shop
3	9AM	AA-Well#1	1.23	Taken at shop
4	9AM	AA-Well#1	1.08	Taken at shop
5	8:30AM	AA-Well#1	1.24	Taken at shop
6	8:30AM	AA-Well#1	.81	Taken at shop
7	9AM	AA-Well#1	1.27	Taken at shop
8	9AM	AA-Well#1	1.22	Taken at shop
9	9AM	AA-Well#1	1.06	Taken at shop
10	8:45AM	AA-Well#1	1.09	Taken at shop
11	8:45AM	AA-Well#1	.64	Taken at shop
12	8:30AM	AA-Well#1	.57	Taken at shop
13	8:30AM	AA-Well#1	.79	Taken at shop
14	9AM	AA-Well#1	.97	Taken at shop
15	8:45AM	AA-Well#1	.70	Taken at shop
16	9AM	AA-Well#1	.83	Taken at shop
17	6PM	AA-Well#1	1.24	Taken at shop
18	2PM	AA-Well#1	1.51	Taken at shop
19	8:30AM	AA-Well#1	.78	Taken at shop
20	8:15AM	AA-Well#1	.78	Taken at shop
21	8:30AM	AA-Well#1	1.06	Taken at shop
22	8:30AM	AA-Well#1	.90	Taken at shop
23	9AM	AA-Well#1	1.1	Taken at shop
24	9AM	AA-Well#1	1.51	Taken at shop
25	8:30AM	AA-Well#1	1.52	Taken at shop
26	8:30AM	AA-Well#1	1.29	Taken at shop
27	8:30AM	AA-Well#1	1.74	Taken at shop
28	11AM	AA-Well#1	1.08	Taken at shop
29	8PM	AA-Well#1	1.37	Taken at shop
30	9AM	AA-Well#1	1.33	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>GWS Serving 3,300 or Fewer</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>GWS Serving More Than 3,300</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>
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Printed Name: SHARLYN LONGORIA Signature: <u>Sharlyn Longoria</u> Date: 5/01/2024	Title: PARK SPECIALIST Phone #: (541) 546-3412	Operator Certification #: OR Small Groundwater System X
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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.