

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    MAY/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	8AM	AA-Well#1	1.97	Taken at shop
2	7:30AM	AA-Well#1	1.62	Taken at shop
3	7:30AM	AA-Well#1	1.84	Taken at shop
4	7:25AM	AA-Well#1	1.30	Taken at shop
5	9AM	AA-Well#1	1.53	Taken at shop
6	7:30AM	AA-Well#1	1.32	Taken at shop
7	7:30AM	AA-Well#1	1.65	Taken at shop
8	9AM	AA-Well#1	.90	Taken at shop
9	9AM	AA-Well#1	1.46	Taken at shop
10	8AM	AA-Well#1	.69	Taken at shop
11	7:30AM,	AA-Well#1	1.20	Taken at shop
12	2PM	AA-Well#1	.97	Taken at shop
13	8AM	AA-Well#1	1.10	Taken at shop
14	8AM	AA-Well#1	1.25	Taken at shop
15	8AM	AA-Well#1	1.13	Taken at shop
16	8AM	AA-Well#1	1.13	Taken at shop
17	8AM	AA-Well#1	1.21	Taken at shop
18	7:45AM	AA-Well#1	1.15	Taken at shop
19	7:45AM	AA-Well#1	1.18	Taken at shop
20	7:30AM	AA-Well#1	1.30	Taken at shop
21	7:30AM	AA-Well#1	1.13	Taken at shop
22	8AM	AA-Well#1	1.30	Taken at shop
23	8AM	AA-Well#1	.81	Taken at shop
24	10AM	AA-Well#1	.85	Taken at shop
25	10AM	AA-Well#1	1.49	Taken at shop
26	7:50AM	AA-Well#1	1.57	Taken at shop
27	7:30AM	AA-Well#1	.93	Taken at shop
28	8:10AM	AA-Well#1	1.45	Taken at shop
29	8AM	AA-Well#1	1.24	Taken at shop
30	8:15AM	AA-Well#1	1.44	Taken at shop
31	8:30AM	AA-Well#1	1.46	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: 6/04/2024	Title: PARK SPECIALIST Phone #: (541) 546-3412	Operator Certification #: _____ OR Small Groundwater System X
---	---	---

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.