

**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	8AM	AA-Well#1	1.54	Taken at shop
2	8:15AM	AA-Well#1	1.65	Taken at shop
3	8AM	AA-Well#1	1.34	Taken at shop
4	8AM	AA-Well#1	1.06	Taken at shop
5	8AM	AA-Well#1	1.41	Taken at shop
6	2PM	AA-Well#1	1.25	Taken at shop
7	7AM	AA-Well#1	.94	Taken at shop
8	8AM	AA-Well#1	.68	Taken at shop
9	8:50AM	AA-Well#1	.60	Taken at shop
10	7:30AM	AA-Well#1	.62	Taken at shop
11	7:30AM	AA-Well#1	.74	Taken at shop
12	7:30AM	AA-Well#1	.82	Taken at shop
13	8AM	AA-Well#1	.68	Taken at shop
14	7:30AM	AA-Well#1	.80	Taken at shop
15	7:45AM	AA-Well#1	.53	Taken at shop
16	7:30AM	AA-Well#1	.63	Taken at shop
17	7:30AM	AA-Well#1	.71	Taken at shop
18	7:45AM	AA-Well#1	.68	Taken at shop
19	7:50AM	AA-Well#1	.75	Taken at shop
20	7:50AM	AA-Well#1	.73	Taken at shop
21	7:55AM	AA-Well#1	.74	Taken at shop
22	8AM	AA-Well#1	.60	Taken at shop
23	8AM	AA-Well#1	.62	Taken at shop
24	3:30PM	AA-Well#1	.83	Taken at shop
25	9AM	AA-Well#1	.73	Taken at shop
26	9AM	AA-Well#1	.76	Taken at shop
27	7:30AM	AA-Well#1	.70	Taken at shop
28	8:15AM	AA-Well#1	.71	Taken at shop
29	7:40AM	AA-Well#1	.86	Taken at shop
30	10:15A	AA-Well#1	.58	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	Title: PARK SPECIALIST	Operator Certification #:
Signature:	Phone #: (541) 546-3412	OR
Date: 07/03/2024		Small Groundwater System X

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.