

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 JULY 2024 Entry Point:

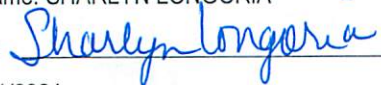
Required Minimum Residual .5 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	9AM	AA-Well#1	.83	Taken at shop
2	7:30AM	AA-Well#1	.73	Taken at shop
3	10:30A	AA-Well#1	.70	Taken at shop
4	7:45AM	AA-Well#1	.59	Taken at shop
5	8:15AM	AA-Well#1	.73	Taken at shop
6	11:11A	AA-Well#1	.74	Taken at shop
7	8AM	AA-Well#1	.54	Taken at shop
8	8AM	AA-Well#1	.67	Taken at shop
9	10AM	AA-Well#1	.71	Taken at shop
10	10AM	AA-Well#1	.63	Taken at shop
11	7:50AM	AA-Well#1	.65	Taken at shop
12	8AM	AA-Well#1	.77	Taken at shop
13	8AM	AA-Well#1	.51	Taken at shop
14	8:30AM	AA-Well#1	.64	Taken at shop
15	7:30AM	AA-Well#1	.50	Taken at shop
16	7:30AM	AA-Well#1	.62	Taken at shop
17	8AM	AA-Well#1	.55	Taken at shop
18	7:40AM	AA-Well#1	.58	Taken at shop
19	7:50AM	AA-Well#1	.68	Taken at shop
20	7:30AM	AA-Well#1	.54	Taken at shop
21	8:20AM	AA-Well#1	.66	Taken at shop
22	7:30AM	AA-Well#1	.60	Taken at shop
23	3PM	AA-Well#1	.84	Taken at shop
24	8AM	AA-Well#1	.62	Taken at shop
25	7:30AM	AA-Well#1	.66	Taken at shop
26	9:45AM	AA-Well#1	.71	Taken at shop
27	8AM	AA-Well#1	.65	Taken at shop
28	7:40AM	AA-Well#1	.67	Taken at shop
29	7:30AM	AA-Well#1	.51	Taken at shop
30	7:30AM	AA-Well#1	.53	Taken at shop
31	7:50AM	AA-Well#1	.54	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.

GWS Serving 3,300 or Fewer	GWS Serving More Than 3,300	
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 Attach those results and submit them with this form.	Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Attach grab sample results and submit them with this form.	Date continuous monitoring equipment failed: / / Date it was returned to service: / /

Printed Name: SHARLYN LONGORIA Signature:  Date: 8/01/2024	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.