

**State of Oregon Drinking Water Program
Monthly Disinfection Report for Ground Water Systems**

System Name OPRD Cove Park - Deschutes

PWS ID# 41 91036

Month/Year Aug/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	8:30am	AA-Well#1	.61	Taken at shop
2	8:30am	AA-Well#1	.62	Taken at shop
3	8am	AA-Well#1	.51	Taken at shop
4	7:40am	AA-Well#1	.66	Taken at shop
5	7:30am	AA-Well#1	.51	Taken at shop
6	7:50am	AA-Well#1	.51	Taken at shop
7	7:50am	AA-Well#1	.53	Taken at shop
8	7:40am	AA-Well#1	.51	Taken at shop
9	7:50am	AA-Well#1	.62	Taken at shop
10	7:55am	AA-Well#1	.57	Taken at shop
11	7:40am	AA-Well#1	.53	Taken at shop
12	7:30am	AA-Well#1	.57	Taken at shop
13	8am	AA-Well#1	.54	Taken at shop
14	8am	AA-Well#1	.59	Taken at shop
15	9am	AA-Well#1	.50	Taken at shop
16	8:20am	AA-Well#1	.64	Taken at shop
17	8am	AA-Well#1	.50	Taken at shop
18	8:20am	AA-Well#1	.50	Taken at shop
19	1:30pm	AA-Well#1	.50	Taken at shop
20	8am	AA-Well#1	.62	Taken at shop
21	8:30am	AA-Well#1	.67	Taken at shop
22	8am	AA-Well#1	.53	Taken at shop
23	7:50am	AA-Well#1	.65	Taken at shop
24	7:45am	AA-Well#1	.55	Taken at shop
25	7:55am	AA-Well#1	.63	Taken at shop
26	7:30am	AA-Well#1	.51	Taken at shop
27	7:30am	AA-Well#1	.74	Taken at shop
28	1245pm	AA-Well#1	.50	Taken at shop
29	7:15am	AA-Well#1	.50	Taken at shop
30	7am	AA-Well#1	.50	Taken at shop
31	8am	AA-Well#1	.50	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 align="center">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: Sharlyn Longoria

Phone #: (541) 546-3412

OR

Date: 09/03/2024

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.