

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 SEPT 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	.52	Taken at shop
2	1215PM	AA-Well#1	1.00	Taken at shop
3	7:30AM	AA-Well#1	1.11	Taken at shop
4	7:30AM	AA-Well#1	1.00	Taken at shop
5	7:45AM	AA-Well#1	.70	Taken at shop
6	1111AM	AA-Well#1	.65	Taken at shop
7	7:50AM	AA-Well#1	.68	Taken at shop
8	8:10AM	AA-Well#1	.59	Taken at shop
9	7:30AM	AA-Well#1	.64	Taken at shop
10	7:30AM	AA-Well#1	.63	Taken at shop
11	7:30AM	AA-Well#1	.58	Taken at shop
12	7AM	AA-Well#1	.53	Taken at shop
13	5PM	AA-Well#1	.66	Taken at shop
14	7:55AM	AA-Well#1	.65	Taken at shop
15	8AM	AA-Well#1	.78	Taken at shop
16	7AM	AA-Well#1	.68	Taken at shop
17	7AM	AA-Well#1	.72	Taken at shop
18	7AM	AA-Well#1	.71	Taken at shop
19	5PM	AA-Well#1	.64	Taken at shop
20	8AM	AA-Well#1	.75	Taken at shop
21	9:40AM	AA-Well#1	.50	Taken at shop
22	1PM	AA-Well#1	.54	Taken at shop
23	8AM	AA-Well#1	.54	Taken at shop
24	8AM	AA-Well#1	.55	Taken at shop
25	8AM	AA-Well#1	.50	Taken at shop
26	8:30AM	AA-Well#1	.51	Taken at shop
27	9AM	AA-Well#1	.68	Taken at shop
28	8AM	AA-Well#1	.77	Taken at shop
29	11AM	AA-Well#1	.56	Taken at shop
30	7:15AM	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.

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: 10/03/2024	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.