

**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    OCT 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	.51	Taken at shop
2	4:30PM	AA-Well#1	.51	Taken at shop
3	8:30AM	AA-Well#1	.51	Taken at shop
4	4PM	AA-Well#1	.64	Taken at shop
5	8:20AM	AA-Well#1	.53	Taken at shop
6	12PM	AA-Well#1	.51	Taken at shop
7	9AM	AA-Well#1	.53	Taken at shop
8	1145AM	AA-Well#1	.55	Taken at shop
9	10AM	AA-Well#1	.57	Taken at shop
10	5:30PM	AA-Well#1	.59	Taken at shop
11	5:30PM	AA-Well#1	.67	Taken at shop
12	12PM	AA-Well#1	.53	Taken at shop
13	12PM	AA-Well#1	.68	Taken at shop
14	9AM	AA-Well#1	.73	Taken at shop
15	9AM	AA-Well#1	.69	Taken at shop
16	9AM	AA-Well#1	.64	Taken at shop
17	8AM	AA-Well#1	.71	Taken at shop
18	9AM	AA-Well#1	.65	Taken at shop
19	12PM	AA-Well#1	.61	Taken at shop
20	12PM	AA-Well#1	.59	Taken at shop
21	8AM	AA-Well#1	.55	Taken at shop
22	8:30AM	AA-Well#1	.60	Taken at shop
23	8:30AM	AA-Well#1	.67	Taken at shop
24	9AM	AA-Well#1	.70	Taken at shop
25	8AM	AA-Well#1	.68	Taken at shop
26	8:20AM	AA-Well#1	.54	Taken at shop
27	12PM	AA-Well#1	.55	Taken at shop
28	12PM	AA-Well#1	.61	Taken at shop
29	8:15AM	AA-Well#1	.68	Taken at shop
30	8:30AM	AA-Well#1	.54	Taken at shop
31	8AM	AA-Well#1	.68	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**

If yes, did you monitor every four hours until the residual returned to \_\_\_\_\_ mg/L as required?     Yes     No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month?     Yes     No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required?     Yes     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

Title: PARK SPECIALIST

Operator Certification #:

Signature: 

Phone #: (541) 546-3412

OR

Date: 11/01/2024

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.