

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 11/2024

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	.53	Taken at shop
2	8:20AM	AA-Well#1	.57	Taken at shop
3	8:30AM	AA-Well#1	.66	Taken at shop
4	8:30AM	AA-Well#1	.58	Taken at shop
5	12PM	AA-Well#1	.58	Taken at shop
6	8:15AM	AA-Well#1	.65	Taken at shop
7	8:15AM	AA-Well#1	.55	Taken at shop
8	9AM	AA-Well#1	.70	Taken at shop
9	3PM	AA-Well#1	.71	Taken at shop
10	4:15PM	AA-Well#1	.57	Taken at shop
11	8:30AM	AA-Well#1	.58	Taken at shop
12	8:15AM	AA-Well#1	.52	Taken at shop
13	8:15AM	AA-Well#1	.51	Taken at shop
14	9AM	AA-Well#1	.66	Taken at shop
15	9AM	AA-Well#1	.68	Taken at shop
16	9AM	AA-Well#1	.62	Taken at shop
17	9AM	AA-Well#1	.69	Taken at shop
18	9AM	AA-Well#1	.71	Taken at shop
19	9AM	AA-Well#1	.65	Taken at shop
20	8:30AM	AA-Well#1	.66	Taken at shop
21	2PM	AA-Well#1	.73	Taken at shop
22	8:30AM	AA-Well#1	.67	Taken at shop
23	9AM	AA-Well#1	.50	Taken at shop
24	8:30AM	AA-Well#1	.58	Taken at shop
25	8:45AM	AA-Well#1	.56	Taken at shop
26	8:50AM	AA-Well#1	.64	Taken at shop
27	8:15AM	AA-Well#1	.63	Taken at shop
28	8:30AM	AA-Well#1	.54	Taken at shop
29	9AM	AA-Well#1	.72	Taken at shop
30	8:30AM	AA-Well#1	.70	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

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:

 / /

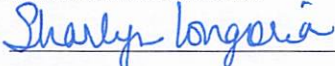
Date it was returned to service:

 / /

Printed Name: SHARLYN LONGORIA

Title: PARK SPECIALIST

Operator Certification #:

Signature: 

Phone #: (541) 546-3412

OR

Date: 12/02/2024

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.